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# *The* BULLETIN

OF THE UNIVERSITY OF NORTH CAROLINA SCHOOL OF MEDICINE

V

October, 1956

No. 1

## *Postgraduate Course in Medicine*

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of the School of Medicine

in cooperation with the Whitehead Society

and the Medical Foundation

of the University of North Carolina

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Vol. IV	October, 1956	No. 1
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# *A Message from The Dean*

The 1956 Session, the fourth since the school's expansion, is now well underway. For the information of the alumni and friends of the institution, it seems desirable to report on some of the activities of the school since the last annual alumni meeting in April 1956.

The enrollment of undergraduate medical students is 252, distributed by classes as follows: Freshmen 66, Sophomores 66, Juniors 61, Seniors 58, and one part time student. Thirty-seven counties in North Carolina and eight sons of medical alumni are represented in the entering class. There are 245 North Carolina residents and seven out-of-state residents in the student body.

It is important to remember that while the Medical School's primary responsibility is the education of undergraduate and graduate (interns and residents) students in Medicine, its teaching activities extend far beyond the medical student. It is probable that this year's total enrollment of students taught in whole or in part by the medical faculty will exceed 1500. These include Dentistry, Pharmacy, Nursing, undergraduate and graduate students in the general University, technicians, and practicing physicians registered for Continuation Education courses. All of this adds up to an exceedingly heavy teaching load for a thin line of faculty man power operating in laboratories, class rooms, and other facilities already badly overcrowded.

The following new faculty have joined the staff since July 1, most of whom are replacements for faculty members who have resigned, or additions made possible by grants, gifts, and other sources outside regular State appropriated funds for the 1956 Budget:

## ANATOMY

Dr. David L. Mitchell, D.D.S., UNC 1956, Instructor in Anatomy  
Dr. Frederick R. Weedon, Lecturer in Anatomy

## MEDICINE

Dr. Walter Hollander, Instructor in Medicine  
Dr. T. Frank Williams, Instructor in Medicine  
Dr. J. Dewey Dorsett, UNC 1949, Instructor in Medicine  
Dr. Charles R. Spell, Assistant Professor of Biochemistry in Medicine  
Dr. Tyndall P. Harris, UNC 1950, Assistant University Physician  
Dr. Leon P. Andrews, Assistant Professor of Medicine  
Dr. James W. Lea, Clinical Instructor in Medicine  
Dr. John R. Chambliss, UNC 1943, Clinical Assistant Professor in Medicine  
Dr. John L. McCain, UNC 1950, Clinical Instructor in Medicine  
Dr. Harold Godwin, UNC 1947, Clinical Instructor in Medicine  
Dr. Needham B. Carter, Clinical Instructor in Medicine  
Dr. Geoffrey Wysor, Clinical Instructor in Medicine  
Dr. Sarah Lou Warren, UNC 1947, Instructor in Preventive Medicine and Medicine.

## PATHOLOGY

Dr. William W. Forrest, UNC 1948, Assistant Professor in Pathology  
Dr. Walter R. Benson, Assistant Professor in Pathology  
Dr. Dan F. Beals, UNC 1951, Instructor in Pathology

## PSYCHIATRY

Dr. Charles R. Vernon, Instructor in Psychiatry, UNC 1950  
Dr. Harold J. Harris, Instructor in Psychiatry  
Dr. Aubry G. Tolley, Instructor in Psychiatry

## PHYSIOLOGY

Dr. Charles L. (Gus) Johnston, Research Associate in Physiology

## RADIOLOGY

Dr. Philip M. Johnson, Instructor in Radiology

## SURGERY

Dr. Erle E. Peacock, UNC 1949, Instructor in Surgery (Plastic Surgery)  
Dr. James F. Newsome, UNC 1947, Instructor in Surgery (Tumor Clinic and General Surgery)  
Dr. James G. McClure, Instructor in Surgery, (Orthopedics and part time coordinator of rehabilitation program)  
Dr. Baxter Byerly, UNC 1951, Instructor in Surgery (Ophthalmology) December 1, 1956  
Dr. Gabriel Tucker, Jr., Instructor in Surgery, (Otolaryngology) January 1, 1957  
Dr. George Tudor Thornhill, Clinical Instructor in Surgery (Ophthalmology)  
Dr. Charles W. Tillett III, UNC 1944, Clinical Instructor in Surgery (Ophthalmology)

## PEDIATRICS

Dr. James S. White, UNC 1945, Clinical Instructor in Pediatrics

The following Staff have resigned since July 1, 1956: Dr. Christopher Bever, Associate Professor of Psychiatry and Director of the Psychiatric Clinic; Dr. John Fortin, Instructor of Psychiatry; and Dr. William Loring, Assistant Professor of Pathology.

On September 1, 1956, the administrative change which places the over all administration of the North Carolina Memorial Hospital under the School of Medicine became effective. This will appreciably increase the load of work and responsibility of the Dean's Office as well as that of the Department Heads and the entire faculty.

For this year the following members of the faculty have agreed to assume certain administrative responsibilities in this office, in addition to their regular duties: (a) Dr. Carl E. Anderson, Associate Professor of Biochemistry and Nutrition, student counselling and problems relating to the Basic Science Departments; (b) Dr. William L. Fleming, Professor of Preventive Medicine, problems relating to the clinical departments and the Hospital; (c) Drs. James F. Newsome, J. Dewey Dorsett, Jr., and W. W. Forrest, student advising and counselling. Dr. William P. Richardson continues as Assistant Dean in charge of Continuation Education and chairman of the rehabilitation program.

The officers, members of the council, visiting committee, and district chairmen of the Medical Alumni Association met in Chapel Hill on September

12 to review the most pressing needs of the Medical School which are not being adequately met from State appropriation and funds from other sources. The organization of a Medical School Parents' Club, together with a goal of greater participation by alumni and a contribution of \$30,000 to be raised during 1956, were unanimously approved by this group. Each of you has received, or will receive shortly, a detailed description of these needs. I am sure you will read this with interest and with an appreciation of what the school is doing and what it needs to serve the State better in its continuing development.

The greater part of the spring and summer months have been spent in careful preparation of the budgets of the Medical School and the North Carolina Memorial Hospital, including the psychiatric center, to be requested from the General Assembly of 1957, for the next biennial period.

These budgets have now been presented, with the approval of the University administration, to the Board of Higher Education and to the Governor, and the Advisory Budget Commission. Rather substantial reductions were made in new appropriations requested for both the Medical School and the hospital by the Board of Higher education.

Further reductions by the Advisory Budget Commission or the 1957 General Assembly would seriously handicap our development during the next two years, which for a young and growing institution will be a very important and critical period in terms of the educational, research, and patient care services that can be rendered the State.

In view of the Ford Foundation's grant of \$90,000,000 to the forty-two privately endowed medical schools of the United States this year, it is now more urgent and essential than ever that the alumni and friends of the State University Medical Schools see to it as individuals and as a group that increased funds from State appropriations and from individual and corporation gifts, come to the State Universities.

If we believe in the future value of our State University Medical Center, we must join the growing number of alumni and friends who contribute funds annually for its development, we must interest friends and corporations in our communities to contribute also, and it is very important that we talk to our State representatives and senators before the General Assembly convenes about the necessity for a more adequate State appropriation during the next two years.

Your interest and support in these three items are needed now and in the months ahead more than ever before.

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# The Medical Foundation of North Carolina, Inc.

ITS GENESIS, ITS ACCOMPLISHMENTS, ITS  
PLANS, AND OUR RESPONSIBILITY TO  
ITS PROGRAM

BY PAUL F. WHITAKER, M.D.

## *The Good Health Program*

The Good Health Program, which has been aptly termed the Third Great Epic Movement in North Carolina comparable, in the field of health, to the educational movement under Aycock and Joyner and the good roads program initiated under the administration of Governor Morrison, was conceived in the early 1940's and finally initiated in 1947 after much laborious and consecrated effort by scores of dedicated North Carolinians in all walks of life.

The Good Health Program was launched with three major objectives in view based largely on the studies of the Poe Commission and subsequent studies of the North Carolina Medical Care Commission, which was created by the legislature of 1945. These objectives were: (1) a Medical Center at Chapel Hill to train medical and ancillary personnel to serve the people of North Carolina; (2) a hospital building program throughout the State to provide the facilities in which to treat the sick; and (3) the development of an adequate health insurance program. The State also created through the North Carolina Medical Care Commission an educational loan fund for medical, dental, nursing, and pharmacy students who pledged themselves as recipients of loans to practice in rural communities for a specified period of time after completion of their training. Through this Commission funds were provided, also, to aid in the care of indigent sick in hospitals throughout the State.

Thus, through this Program, and as an essential part of it, North Carolina was provided with the rudiments of a unique Medical Center to train medical and ancillary personnel to serve

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*Dr. Whitaker is President of the Medical Foundation of North Carolina, Inc.*

its people, and in time to function as a service facility for the entire State in the field of health, much as State College has served and continues to serve our State in the fields of agriculture and industry. No one can fail to be cognizant of the magnitude and responsibility of this undertaking nor of the difficulties encountered, and still to be encountered, in the successful development and continuing usefulness in perpetuity of this educational and service facility.

No great medical or teaching center has achieved greatness solely from State appropriations, tuition, and other fees. Greatness and full fruition of potential service are provided for by outside assistance which makes possible extra and necessary functions and services that cannot be provided by state appropriations. In this regard the Medical Center at the University of North Carolina is no different from other great medical centers of the nation. It is through the support of alumni and friends of the University that the provisions for these extras—the things that make the difference between average medical and nursing schools and outstanding ones—must be made.

### *The Medical Foundation of North Carolina, Inc.*

It was on this conception that the Medical Foundation of North Carolina, Inc., was organized and eventuated with that great, useful, consecrated, civic-minded, unselfish North Carolina citizen, Mr. L. P. McLendon, of Greensboro, as its president. Associated with him in the organization of the Medical Foundation were numerous citizens of the State of similar character and capacity. Much has already been accomplished by this organization and its future possibilities are almost without limit. Properly presented, its program has a terrific and heartwarming appeal to potential givers, both large and small.

The Division of Health Affairs of the University of North Carolina embraces the School of Medicine, the School of Nursing, North Carolina Memorial Hospital, the School of Dentistry, the School of Public Health, and the School of Pharmacy. Through the School of Medicine, particularly its Department of Psychiatry, the Division of Health Affairs has a close and helpful working arrangement with the Division of Social Sciences. It is with the School of Medicine, the School of Nursing, and the Hospital that the Medical Foundation is primarily concerned.

### *The School of Medicine*

The University of North Carolina School of Medicine is 78 years old. It had a productive and enviable record as a two-year school. In its three years of existence as a full four-year school, it has, as have other schools in the Division of Health Affairs, encountered difficult problems. During the recent period of rapid growth these difficulties were to be expected.

Our Medical School alumni have been active and loyal. Through the Medical Foundation they have supported supplementary undertakings which State funds did not supply. Even now they are entering an alumni financial campaign with a goal of 50 per cent alumni participation and the raising of \$30,000 to be used for the extra needs and services. Funds raised this year will be used to provide increases in salaries for the Basic Science faculty, scholarships, Medical School discretionary funds to be used for inevitable unforeseen emergency needs which are never provided for in State appropriations, support for metabolic research and the library, and an alumni instructorship. Those of us who strive for these goals with our time and means experience a feeling of loyalty and sense of belonging to a great cause. It can be said with assurance that when we give ourselves we stimulate our friends and others to work for the realization of the goals to which we aspire for our Medical Center.

### *The School of Nursing*

The work of the School of Nursing Committee of the Medical Foundation, consisting of Mrs. George Carrington, Chairman, Mrs. Herbert J. Fox, Mrs. J. Spencer Love, Mrs. William G. Ragsdale Jr., Dr. Lois F. Stanford and Miss Ruth Wilson, has been outstanding and fruitful. Working with the School of Nursing, this Committee has organized the State into districts and enlisted the interest and aid of able people in every community in a multiplicity of activities.

The University of North Carolina School of Nursing is the first School of Nursing in North Carolina to receive full accreditation by the Collegiate Board of Review of the National League of Nursing. For this accomplishment we can take justifiable pride and satisfaction. Largely by its own efforts, the Nursing Committee has established an outstanding scholarship program and has solicited and obtained funds to support it. It is now per-

fecting plans for the establishment of a long-range comprehensive extension program for nurses already out in the field. We must have funds to underwrite this program. Its possibilities for useful service supplement the conception of the Medical Center as a service facility of the entire State and will build up good will and support, not only for the School of Nursing, but also for the entire Division of Health Affairs. The School of Nursing, which trains nurses on the college level, will in time fill a great need for the State of North Carolina and its large number of hospitals by providing nursing personnel for them on the top level. The School of Nursing deserves and needs the understanding and support of the Medical Foundation and all the people of North Carolina.

### *The North Carolina Memorial Hospital*

The North Carolina Memorial Hospital, our teaching hospital, has already in its short history been a great boon to the citizens of our commonwealth. Dedicated to the heroism of North Carolina's soldier dead "from the ridges of King's Mountain to the hills of Korea," it has already become more than bricks and mortar. It has a perceptible spirit which one detects immediately upon entering the building and which, we trust, will ever be nurtured and maintained. In its rooms and wards, ever-ministering care of the highest quality is given to those who have sick and injured bodies and comfort and understanding are provided for their troubled spirits. These satisfied patients will in time and with encouragement be supporters of the Hospital in a substantial way.

All of us know that neither the School of Medicine nor the School of Nursing could exist without the teaching hospital. True, it has cost a great deal of money to operate this Center for the treatment of our sick, the teaching of our youth, and for investigation into the nature and cure of diseases. It will continue to cost a great deal of money. But those of us who believe in and support the University of North Carolina Medical Center and who know its value and worth to our people and its infinite possibilities for future good should stand resolute and unafraid in the presence of the harping critics, the prophets of doom, the shortsighted, the tight-fisted, and those who for various reasons opposed its establishment and who still do not wish to see it succeed.

The people of North Carolina have invested too much of their money and spirit into the North Carolina Memorial Hospital to fail to support it adequately over the long march of time. We take comfort in the fact that the bed occupancy of our teaching hospital is as high at this time as the bed occupancy of any comparable hospital for a similar period of its existence. It is common knowledge that privately endowed hospitals require the expenditure of great sums of money for their support in the early and difficult stages of getting into full operation. The great State of North Carolina can afford to do no less than this. It is the duty of every alumnus and every friend of the University of North Carolina Medical Center to inform themselves and to help inform our citizenry, our leaders, our legislators, and various Foundations of the present and future value of this Center to our State and the people it serves. By such action will we be assured of the support that it needs and deserves.

That a nearby State University Teaching Hospital has an endowment that brings an income of approximately \$90,000 a year in addition to the funds appropriated annually by the State is encouraging. Think what such an income would mean to our Hospital in Chapel Hill! It is the duty of the Medical Foundation and its members to initiate and to perpetuate this type of support for the North Carolina Memorial Hospital.

### *A Look to the Future*

In the light of the foregoing, it is manifest that the School of Medicine, the School of Nursing, and the Hospital need extensive support in order to carry out the great educational and humane missions with which they are charged. Any long-range plan calls for the raising of endowment to continue the great work now in progress. The Medical Foundation is not idle. It is in close contact with the University administration and the units of the Division of Health Affairs of the University with which it is concerned. The faculty of the basic science and clinical departments is giving a great deal of time and thought to the preparation and correlation of their needs concerning both endowment and specific projects that will attract support. In order better to inform all potential supporters of the accomplishments and the needs of the School of Medicine, the School of

*(Continued on Page 17)*



# Postgraduate Medical Education

## 40th Anniversary

BY ROBERT H. BARTHOLOMEW

The School of Medicine of the University of North Carolina is this year celebrating the 40th anniversary of the establishment of its program of postgraduate medical education. This undertaking, a system of extension courses designed to help North Carolina physicians keep abreast of advances in medical knowledge, was the first such program to be developed in the United States. The first course, sponsored jointly by the School of Medicine, the University of North Carolina Extension Division and the North Carolina State Board of Health, was offered in Wilson County during the summer of 1916. This idea of postgraduate instruction soon attracted so much attention in medical circles throughout the United States that it became known as "The North Carolina Plan." It was subsequently adopted by many other states.

Three men were mainly responsible for the initiation of the program. They were: Dr. W. S. Rankin, then state health officer and secretary of the North Carolina State Board of Health; Dr. I. H. Manning, Dean of the School of Medicine at the time; and Chester D. Snell, who was director of the University Extension Division.

In early years of the program, the plan was described as follows: "A lecturer is elected to discuss a subject of interest to physicians practicing in an essentially rural state. Definite days are fixed when the instructor is to appear at previously selected places on the circuit plan. He may spend from 12 to 16 weeks in the state, appearing the same day each week at the same center. An eastern and western circuit were developed for the state in 1916, the first year. There were 12 groups of physicians meeting in as many places on the two circuits. Since instruction in pediatrics was most desired, this subject was given by two members of medical faculties from outside the state . . . one hundred and seventy-nine physicians registered the first year . . ."

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*Mr. Bartholomew is Public Information Officer for the Division of Health Affairs.*

The first two courses were conducted by Dr. Jesse R. Gertsley of Northwestern University and Dr. Lewis Webb Hill of Harvard University. These lectures were published and copies were made available to those doctors who were unable to attend the courses.

Since the inception of this type of medical training in North Carolina, the program has been interrupted three times: during World Wars I and II and during an economic depression. In spite of these setbacks, the program has continued to grow in purpose and popularity with the physicians of the state. Last year 11 courses were attended by 532 doctors from throughout the State. Five of the courses were held in Chapel Hill and six were held in other locations including Morganton, Asheville, Kinston, Albemarle, Statesville and the Ahoskie-Edenton-Elizabeth City area.

The tremendous advances that are being made in medical knowledge have greatly increased the need of postgraduate instruction for practicing physicians. New concepts, methods and drugs are coming at such a pace that it is only by continual study that the physician can keep up with progress in his field. The objective of the University's postgraduate program, therefore, is to provide physicians in North Carolina continuing, systematic opportunities for keeping abreast of medical advances so that the people of the state may be assured of the highest quality of medical care. At the present time, the postgraduate medical program is under the direction of Dr. William P. Richardson, Professor of Preventive Medicine and Assistant Dean in charge of Continuation Education at the University of North Carolina School of Medicine.

The current plan of postgraduate instruction in the state is to have a three-hour program each week for six weeks in a local community. A committee of local doctors, working in cooperation with the School of Medicine, selects particular topics in medicine which need to be given more emphasis in its community. Outstanding leaders in these specialized fields of medicine are then secured through the Office of Continuation Education to offer the appropriate courses. These speakers are drawn from the three medical schools of the state, from private practice and from other medical institutions and centers of the United States. Many eminent teachers and physicians in all branches of medicine have taken part in these lectures and clinics.

In addition to the courses sponsored in local communities, a growing number of courses is being offered at the medical school in Chapel Hill. With the development of the North Carolina Memorial Hospital and the expansion of the medical curriculum to four years, the full resources of the faculty and physical plant are now available for postgraduate instruction in Chapel Hill where, in many instances, more effective teaching clinics can be held. Various other institutions and professional organizations now also provide a variety of meetings and educational opportunities for physicians throughout the state.

It is increasingly evident that postgraduate education must provide for intensive training in specialized subjects which may be required by only a small group of physicians at any one time. With the greatly expanded medical facilities in the state, both at Chapel Hill and at the large number of community hospitals, the North Carolina postgraduate medical program can now offer to practicing physicians instruction related to general and specific problems peculiar to the medical care needs of any and every community within the state.

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## — The Medical Foundation —

*(Continued from Page 14)*

Nursing, and N. C. Memorial Hospital, a brochure will be prepared and other measures will be taken to tell this story in anticipation of a steady and sustained overall campaign for capital funds.

In this effort the Medical Foundation needs and solicits the support of industry, laymen, various Foundations, friends, students, alumni, faculty, and University administration. In fact, it needs the help of all the people of North Carolina. To the extent that we inform ourselves and others—to the extent that we aid and support the Medical Foundation—it is to this extent that we will be successful in the development of a truly great Medical Center dedicated to the search for truth, the teaching of our youth, and the service of humanity to which noble objectives all of us aspire.

# Reminiscences of Postgraduate Teaching

F. DENNETTE ADAMS, M.D.

Recollections of my two summers on the University of North Carolina Extension Division and School of Medicine, Postgraduate teaching trips in 1922 and 1923.

1. Panic which overwhelmed me when I got started and realized that I was committed to trying to put this job over. As I saw the picture, there were several counts against me.

- a. Damsyankee. This I was partially able to circumvent by pointing out at the start of each lecture that I had been born and raised below the Mason-Dixon line.
- b. "Hahvad." This was counterbalanced by announcing that I had been to Princeton first.
- c. My youth and inexperience as compared to the maturity and greater experience of the physicians whom I was required to address. This was handled by the physicians themselves, who were always so cordial, kind, receptive and helpful. They made me feel at home, were most cooperative and, at least to my face, never critical.

In some places, I was aided early in the tour by a couple of lucky breaks in connection with diagnosis of cases brought in for the informal clinics which followed the formal talks. Two of them still stand out in my memory:

- (1.) A woman thought to have amoebiasis because of persistent diarrhea. We felt that she might have partial obstruction and insisted on x-ray. (X-rays were not as universally done then as they are now.) When I returned to the hospital the following week and asked about the patient, the x-rays had not been

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*Dr. Adams is an internist in Boston, Mass., a member of the American Clinical and Climatological Association, Fellow of the American College of Physicians and on the consulting staff of the Massachusetts General Hospital and the Boston VA Hospital. He formerly was on the teaching staff of Harvard Medical School.*

taken. I then begged for at least a plain film. This showed a hemostat in the belly; it had been there for 10 or twelve years, subsequent to a previous operation. When the patient was operated upon, the hemostat was found in the gut, not outside, although as I recall it the operation had been a hysterectomy; apparently through the years the instrument had just gradually worked its way entirely into the gut.

- (2.) A man brought in about two weeks after I had discussed encephalitis. At that time we were seeing quite a few cases in New England but apparently there was much less of this disease in North Carolina, so that many of the physicians were not familiar with the picture. It was hard for them to buy it. A couple of weeks after this talk, one of the physicians brought in a typical case, with tremor, perversion of sleep and all the other common manifestations. Even after I had discussed at length my thoughts about the patient and brought up the various points in connection with the diagnosis, there was still a great deal of doubt on the part of the audience. Luck was with me. One of the physicians inquired, "Doctor Adams, you have not explained the rash. Is that part of the illness?" I replied, "No. It looks like a bromide rash." The physician answered, "The man has had no bromides." But the patient spoke up, "Oh, yes. Before I saw Doctor So-and-so, I saw another doctor. He gave me some bromides for my nerves and I've been taking them ever since."

2. The friendliness with which I was received everywhere. In each town visited from week to week, one physician would always take me to his home for dinner. Many of them insisted on my staying for the night. After I had been down there for about six weeks during the first year (remember this was Prohibition time), I went to the home of one physician for dinner. While I was taking a shower, he appeared in my room and said with many apologies, "Doctor Adams, I don't want to insult you. Occasionally my wife and I have a little bit of home-made wine before supper. Perhaps you don't approve of this but I thought I would ask you and you might be willing to share a little with us." My reply, in effect, was, "I've been down here for six weeks

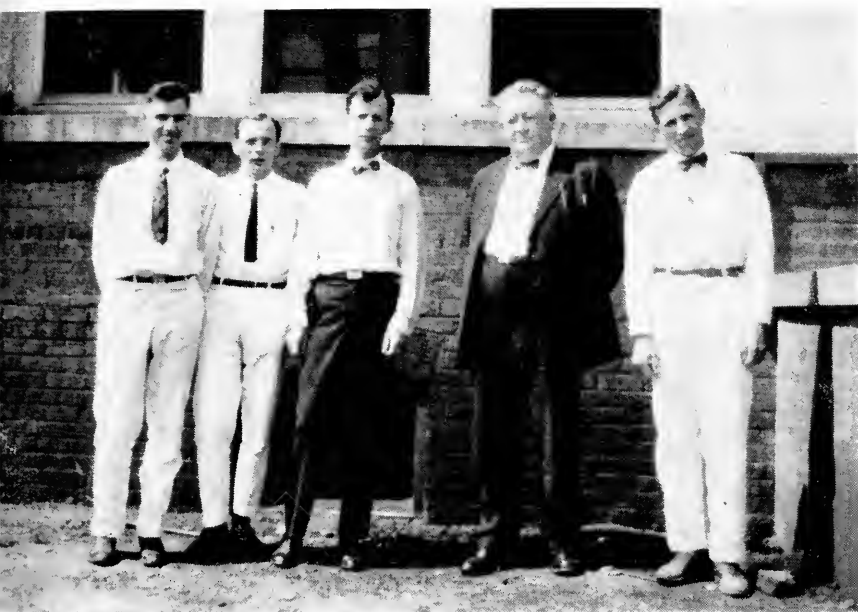
and nobody has offered me a drink yet. My tongue is hanging out." This very amiable physician went to the head of the stairs and yelled down to his wife, "Mother, he loves it! Quick, get out the gin."

3. The Public Health physician in one of the cities, who, learning of my occasional thirst, provided me with a gallon of Carolina corn, very high quality, personally selected by the local revenue agent.

4. After a hard night, seeing two monkeys appearing in the window of the lecture hall during one of my talks. I think this was in Lumberton. I can recall being very concentrated on what I was trying to say, then turning to one side and seeing these two animals about to step through the window. I panicked. One of



*Our hero on a weekend at Blowing Rock. He was clad in the sharp outfit of the day, linen knickers and tweed jacket. The dish on his left was one he met at the hotel. One can't tell from this view but you may take it from me that she was a lovely. Name—I could not tell you to save me. The chariot in the background was a 1921 or 1922 Chandler Roadster which I had picked up (somewhat used) for the trip. (My first car.) In its day, it was regarded as one of the sharpest looking vehicles on the road.*



*Taken at the State San, Aberdeen, where in 1923 I was frequently a house guest over weekends. Reading from left to right, Doctor Williams (first name forgotten), Staff Physician Doctor Sam Bittenger, Staff Physician Doctor Paul McCain, who was then Chief of Medicine and later became Superintendent. (You may recall him, a very distinguished man who was killed in an automobile accident a few years ago.) Doctor Mac or McBrayer, then the Superintendent. He had a son, Reuben McBrayer, who was also on the staff but was presumably away when this picture was taken. (Ed. Note: Dr. Adams, extreme right)*

the members of the audience, sensing my predicament, assured me that these two animals belonged to the local fire department, which had its headquarters below the lecture hall. The animals were removed and the lecture proceeded.

5. Entertainment everywhere. Too many happy experiences for me to recount, but among those which stand out were several weekends spent with Doctor McBrayer, Doctor McCain and their staff at the North Carolina Sanatorium, golf games over weekends with various medical friends in Charlotte, happy evenings with Doctor Hubert Royster, then recognized as the leading surgeon in Raleigh. Doctor Royster gave me one lesson in therapy which has never been forgotten but never tried. He swears it was true. A doctor down country was called in con-

sultation to see a middle-aged spinster with obvious hypochondriasis, who had not been out of bed for several years. He told the patient's physician and family that he could get her up. He started to take off his clothes. When he got to the underwear layer, the patient asked him what he was going to do. He replied that he was going to get in bed with her. The old gal hopped out of bed, ran out of the house and was finally caught three blocks down the street. As indicated above, Doctor Royster declared to me that this was a true story and gave it to me as an example of what might be called the art of medicine.

6. Unwelcome visitors of the biting variety found in a bed in the local hotel in one of the smaller towns. That night, I spent in an armchair. On subsequent visits, I was fortunately invited to stay at the local hospital, where this trouble was not encountered.

7. Itinerary the first year — Monday Asheboro, Tuesday Greensboro in the morning, High Point in the afternoon, Wednesday Lexington, Thursday Salisbury, Friday Charlotte. Second year—Raleigh Monday, Carthage Tuesday morning, Sanford Tuesday afternoon, Hamlet Wednesday, Lumberton Thursday, Fayetteville Friday.

During these two years, the North Carolina highway program was well under way but very few of the concrete roads had been accomplished. My recollection is that we had a hard surface from Greensboro to High Point and part of the way from Salisbury to Charlotte. Otherwise, roads were good gravel but usually washboard. On the second year itinerary, as I recall it, all of the roads were of the gravel, washboard variety.

8. I cannot close without mentioning four other gentlemen who were extremely cordial and helpful. Doctor Chase, the then President of the University, Doctor Isaac Manning, the Dean of the Medical School, Mr. Chester Snell, Head of the Postgraduate Extension Division during '22, Mr. Charles Fernald, Head of the Extension Division during 1923. These gentlemen were all not only helpful and kind but also entertained me in their homes at Chapel Hill on more than one occasion.

9. During the war, when I was Medical Consultant in the 4th Service Command, I had the opportunity of visiting several of the places named and renewing acquaintance with old friends. May I also say that I look back on these two summers as two of the happiest experiences of my lifetime.



# Conform or Be Lonely

BY WARNER WELLS, M.D.

Dean Berryhill, members of the class of 1956, ladies and gentlemen. I am grateful you would ask me to make some parting remarks, but confess I have been sorely taxed to know what to say to you who, after 20 years of formal instruction, are now to embark on a new adventure in self-education.

It may be I can justify your confidence by warning you of a phenomenon many of you, and I hope all, will experience during your professional careers. I refer to a feeling of loneliness that possesses anyone who chooses to think independently. The key-stone of our culture today is conformity. We dress alike; we eat the same food prepared in the same way, our houses are so nearly alike they can be prefabricated and mass produced; we drive high speed missiles of destruction that can scarcely be distinguished except by the emblem of the manufacturer.

We see the same movies, the same television shows and extravaganzas; read the same weekly and monthly slick magazines, and imbibe the same warm, moist, soothing syndicated editorial pabulum as do our fellow creatures in thousands of communities across our great conforming land.

Our worried and troubled sleep is interrupted at precisely the same moment each day by the soul-searing clamor of millions of alarm clocks in order that we may glut and strain our streets and highways, our busses, our trains and subways, in a mad rush to be all at the same time in our working cubbyholes at the precise stroke of a clock. Even our vacations are dedicated to conformity, so we have the spectacle of everyone trying to be at the same spa or mountain retreat at the same time.

It is to be admitted that conformity is necessary to law and order and to an economical fulfillment of the physical necessities of life. This is as far as I will commend it. It is in this sphere that conformity is tolerable, and at times we can even view ourselves with enough detachment to see the humor in our self-made dilemma. We know the penalty of deviation. How ridiculous is the man who chooses to visit the seashore in February—and how lonely. What sport we make of the man who elects to wear

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*Dr. Wells is Assistant Professor of Surgery in the University of North Carolina School of Medicine. This address was delivered to the graduating medical class last June.*

Bermuda shorts when all around him are in trousers. What a pitiful sight it is to see a school child who deviates from the normal in physique, dress, or coiffure treated to the cruelty of his fellows. I could go on, but this is enough to indicate what I mean when we fail to conform. We know the loneliness that seats itself about the heart when we buck the stream and try to think or act alone.

Conformity faces us in medicine. With little variation we take the same courses and read the same books. We read, or pretend to read, the same journals. With regularity we go to the same meetings and, year after year, listen to the same speakers saying the same things, aping and echoing their fellows like a tired old troop of vaudeville performers or a panel of trained seals.

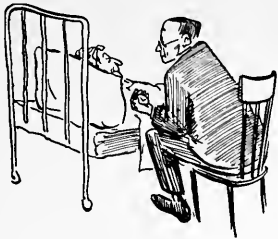
A new drug is synthesized and overnight a thousand detail men in ten thousand offices are intimating to the doctors that the millennium has come and that his drug is the elixir of life. A dietary variant emerges and within hours a new food fad is launched. An operative technique is described and immediately a conforming hoard of dexterous, lion-hearted technicians begin a frenzied and hectic race to see how many cases they can amass before their next annual convention for mutual admiration and ego-raising. (Too often, here, the fact that something can be done becomes the principal indication for doing it; and the inclination to conform is overwhelming.)

The doctor who would question the introduction of a diet, a drug, an operation before it has been fairly tried is likely to be a lonely man. His unthinking confreres may avoid him; some of his patients will find a doctor who will treat them as they have been advised by radio or slick magazine. There are surgical operations that would not be done if time and practice had not made them venerable. Woe to the surgeon who here fails to conform.

Loneliness, then, is a frequent visitor to the man who tries to think through a problem and formulate his own conclusions before acquiring a bill of goods. Those who have caused our art and our science to reach the level of achievement it has today were lonely men and women, lonely and independent in the realms of the mind. If you experience this phenomenon I give you my sympathy but most of all I give you my admiration and respect.

Dr. William P. Few, late president of Trinity College, had this to say to us when I was graduated from that institution: "It has been customary heretofore to welcome you to the fellowship

*(Continued on Page 31)*



## ALUMNI NOTES

### CLASS OF MARCH, 1943

William F. Hutson, 3822 Lake Avenue, Wilmette, Illinois, M.D., Northwestern, 1944. Had a Navy internship at Seattle, Washington, and then served on a destroyer and at the Marine Base in California until released in July 1946. Entered residency training in radiology at Evanston Hospital, Evanston, Illinois, and finished in 1949. Am radiologist at Swedish Covenant Hospital, Chicago; associate in Radiology at Northwestern University; Consultant in Radiology at Shriners' Cripple Children's Hospital, Chicago. We have one child—Robert William—age 6.

George L. Jordan, Jr., 2002 Holcombe Boulevard, Houston, Texas. M.D., Pennsylvania, 1944. Medical Corps, AUS, 1945-47; ward surgeon, 262nd General Hospital, Panama Canal Zone. Fellow in Surgery, Tulane, 1947-49; Master of Science in Surgery, Tulane, 1949. Fellow in Surgery, Mayo Foundation, 1949-52. Fellow, American College of Surgeons. Certified by American Board of Surgery. Present position: Assistant Professor of Surgery, Baylor University College of Medicine; Chief, Department of Surgery, Veterans Administration Hospital, Houston.

Alexander C. Mitchell, R.D. Pitts- town, New Jersey. M.D., New York University, 1945. Internship at Lennox Hill Hospital, New York City. M.C., Army of the U.S., 1945-47, with European tour of duty. Residency in surgery at Gouverneurs

Hospital, New York City; residency in urology at New York University—Bellevue Medical Center. At present Director of Urology, Hunterdon Medical Center, Flemington, N. J. (an affiliated hospital of NYU-Bellevue Hospital Center). Married Charlotte Beckwith of New York and California; have four children—2 boys and 2 girls.

T. Lacy Morrow, Chester, South Carolina. M.D., Maryland, 1944. U.S. Navy, 1944-46. General surgery at Church Home and Hospital and at Lutheran Hospital of Maryland in Baltimore, 1946-1951. Practiced general surgery in Chester, 1951-53; then back in the Navy for 18 months, with a most unpleasant trip to Korea. At present back in Chester doing general surgery. Married Sarah Alice Taylor, also of this class of '43; have five children—2 boys and 3 girls. Present address: 142 West End.

Robert M. Packer, Jr., 301 Summit Avenue, Jenkintown, Pennsylvania. M. D., Jefferson, 1944. Interned at Abington Memorial Hospital, Abington, Pennsylvania; also had a residency in internal medicine here. Two years in France and Germany with U. S. Army. Returned to Abington to complete residency in medicine. Began practice of internal medicine in July, 1950. Married Anne Rutledge; have three children (two sons, one daughter).

Mahlon Pophal, Madigan Army Hospital, Fort Lewis, Washington.

M.D., Jefferson Medical College, 1944. Then went to Williamsport Hospital, Williamsport, Pennsylvania, and served the following: internship, general residency, three-year residency in pathology; remained as Associate Pathologist. Drafted into Army in February, 1955. Now stationed at Madigan Army Hospital as Assistant Chief of Laboratories. Expect to return to Williamsport in February, 1957. Have Boards in Pathologic Anatomy. Married in 1945; have four children—all boys, age 1 to 9.

David Rendleman, Jr., 700 Wallace Building, Salisbury, N. C. M.D., Emory University, 1944. Spent two years in the Army. Now doing general practice in Salisbury. Married in 1943; have four children—three boys and one girl.

Elaine Schwinge, 123 East 83rd Street, New York 28, New York. M.D., Woman's Medical College of Pennsylvania, 1944. Field Physician for Alaska Department of Health, 1946-50. Traveled extensively throughout Alaska. Also worked six months for Alaska Native Service at Bethel, Alaska. Psychiatric residency, three years, U. S. Public Health Service, Lexington, Kentucky. Staff Psychiatrist, Lexington, for one year. Deputy Chief of Neurology-Psychiatry Service, U.S.P.H.S. Hospital, Staten Island, New York. At present: fulltime child psychiatrist, Mental Health Clinic, Staten Island; part-time private practice of psychiatry at above address in New York City.

Frank R. Reynolds, 1613 Dock Street, Wilmington, N. C. M.D., Pennsylvania, 1944. Interned at Medical College of Virginia Hospital. Residency training in pediatrics included: Children's Hospital of Philadelphia and James Walker Memorial Hospital in Wilmington. Two years in Army Medical Corps. Member,

American Academy of Pediatrics. Married Marguerite Crow of Houston, Texas; have four children (Frank, Jr., 9; Marguerite, 5; Fairfax, 2½; Lindsay, 1 week). Practice pediatrics in Wilmington.

Albert Stewart, Jr., 114 Broadfoot Avenue, Fayetteville, N. C. M.D., Washington University, 1944. Interned, Barnes Hospital, St. Louis. Served in U. S. Navy in Central Pacific for 14 months. Returned to Barnes as Fellow in Medicine for one year. Worked briefly on Grace Lines as ship's surgeon, then to Charlotte Memorial Hospital as Resident Physician for year 1948. Spent 1949 as Fellow in gastroenterology at Lahey Clinic, Boston. Then came to Fayetteville and began private practice of internal medicine. Recalled to active duty with Navy in January, 1950; served at Norfolk for 18 months. Returned to Fayetteville and am still here. Married former Mary DuBose of Columbia, South Carolina, in 1951; have one son.

Sarah Alice Taylor (Morrow), 142 West End, Chester, S. C. M.D., Maryland, 1944. Rotating internship, Charlotte Memorial Hospital, Charlotte, N. C., to Grady Hospital in Atlanta to specialize in pediatrics. Lacy Morrow and I were married in October, 1946, and the next five years we lived in Baltimore while Lacy completed his surgical training. We moved to Chester in 1951. In 1953, when Lacy was recalled to active duty with the Navy, I assumed the duties of Health Officer of Chester County Health Department. Lacy was discharged in March, 1955, and we settled down to normal living once again. We have now built our own home—have five children. I continue busy as Health Officer, County Registrar of Vital Statistics, housewife, and mother.

Kenneth W. Wilkins, Goldsboro, N. C. M.D., Maryland, 1944. Internship at Garfield Hospital in Washington, D. C. U. S. Army, 1945-47. General practice in Mount Olive, N. C., 1948. Residency in Ob-Gyn, Garfield Hospital, 1949-52. Back in Air Force, 1952-53. Practice of Ob-Gyn, Goldsboro, since November, 1953. Married Betty Snider of Salisbury, N. C., in 1953; have two children: Kenneth, Jr., 2, and Hannah Elizabeth, 1.

#### CLASS OF DECEMBER, 1943

Joseph W. Baggett, P. O. Box 3373, Fayetteville, N. C. M.D., Maryland, 1945. Interned at University Hospital, Baltimore. U. S. Army Air Force, 1946-48. Grace Lines Physician, six months in 1948. Residency in Ob-Gyn, University Hospital, 1948-51; chief resident, 1950-51. Private practice of obstetrics and gynecology in Fayetteville since September, 1951. Married in 1954 to former Hannah Huske of Fayetteville; daughter Mary Webber is four months old.

George F. Cameron, 1003 West Rowan, Fayetteville, N. C. M.D., Jefferson, 1945. I served the next ten years with the U. S. Public Health Service, as intern in Chicago, Medical Officer in Charge of Venereal Disease Rapid Treatment Center in New Orleans, as resident in pathology at the USPHS Hospital, Staten Island, New York, subsequently as Chief Pathologist there for about five years and at the USPHS Hospital, San Francisco, for a year. I resigned from the service in 1955 to accept the position as pathologist with the Cape Fear Valley Hospital now under construction here in Fayetteville. Until then I am Chief Pathologist at the Veterans Administration Hospital also here in Fayetteville. I met my wife, Patsy,

while at Jefferson; we are the very proud parents of George, 9, Gary, 6, and Cindy Lou, 3. It is good to be back in North Carolina.

Douglas H. Clark, 14th and Chestnut Streets, Lumberton, N. C. M.D., Pennsylvania, 1945. Internship, Medical College of Virginia Hospital. Medical Corps, A.U.S., 1946-48. Surgical residency, Shreveport Charity Hospital, Shreveport, Louisiana, 1948-52. Associated with Dr. Horace M. Baker, Jr., in the practice of general surgery in Lumberton since 1952. Diplomate, American Board of Surgery; Fellow, American College of Surgeons; Fellow, Southeastern Surgical Congress. Married Carolyn Jordan; have three sons.

William C. Croom, Jr., 2137 Park Street, Jacksonville, Florida. M.D., Washington University, 1945. Internship, Jefferson-Hillman Hospital, Birmingham. U. S. Air Force, 1946-47. Resident in dermatology, Jefferson-Hillman Hospital, 1948-51. U. S. Air Force, 1951-52. Practice of dermatology in Jacksonville since 1952. Married Frances Henning of Albemarle, N. C.; two children—Laura, 8, and Elizabeth, 11.

Hugh Dortch, Jr., 281 Cordova Road, North, West Palm Beach, Florida. M.D., Duke, 1945. Internship in pathology, Duke Hospital. Medical Corps, A.U.S., 1946-48. Fellow and resident in pathology, 1948-50, instructor and associate in pathology, 1950-52, Duke Hospital. Private practice, pathology, West Palm Beach since 1952. Good Samaritan and St. Mary's Hospitals. Married Joyce Whitfield of Durham, N. C., in 1946; two children—Betty, 9, and Dan, 6. Pathology practice very interesting but time consuming. Water skiing, fishing, and boat maintenance take all spare time, so I've practically given up flying, which was my sole hobby

in North Carolina. Still enjoy good jazz. No time for research or other intellectual pursuits is my only complaint. Always anxious to hear from Tar Heels.

Baylor Henninger, 652 Davie Avenue, Statesville, N. C. M.D., Northwestern, 1945. Interned at Harper Hospital, Detroit. Tour of duty with the U. S. Army for two years at Army-Navy General Hospital, Hot Springs, Arkansas, Fort Sam Houston, and Oliver General Hospital, Augusta, Georgia. Residency in internal medicine at the White Cross Hospital, Columbus, Ohio, and at Charlotte Memorial Hospital, Charlotte, N. C. Now in private practice of internal medicine in Statesville. Married Carol Plisch of Wausau, Wisconsin, in 1946; four children, ages one to seven.

George B. Johnston, 127 McArthur Street, Asheboro, N. C. M.D., Jefferson, 1945. Interned, Bryn Mawr Hospital. Military service, Augusta, Georgia, with Veterans Administration Hospital. Surgical residency, Watts Hospital, Durham, N. C., 1948-51. Practice of general surgery in Asheboro since July, 1951. Certified, American Board of Surgery; Fellow, American College of Surgeons. Two children—George, Jr., 9, and Amy, 4.

William H. Meroney, Lt. Col., M.C., U. S. Army, Walter Reed Army Medical Center, Washington, D. C. M.D., New York University, 1945. Internship, Bellevue Hospital, New York City. Residency, Walter Reed Army Hospital. Post-residency training: Basic Science course, Walter Reed Medical Center, January-June, 1950; Chemical Division, Department of Internal Medicine, Yale University School of Medicine, 1950-52. Military service has been continuous since 1946 (Philippines, Korea, Washington).

American Board of Internal Medicine; American College of Physicians; Endocrine Society; American Federation for Clinical Research; Society for the Study of Artificial Internal Organs. Present position: Chief, Department of Metabolism, Walter Reed Army Medical Center, Washington, D. C.

Henry C. Newsome, Jr., Pilot Mountain, North Carolina. M.D., Virginia, 1945. Interned, North Carolina Baptist Hospital, Winston-Salem, N. C. Two years in U. S. Air Force. General practice in Pilot Mountain since 1948. Married, and have two children—8 and 4 years old.

S. Malone Parham, Henderson, North Carolina. M.D., Maryland, 1945. Rotating internship, University Hospital, Baltimore. Military service with Army Air Force. Returned to Baltimore in 1948 to specialize in Ob-Gyn at University Hospital. Since completing residency in 1952 have been in private practice of obstetrics-gynecology in Henderson. Married, and have two boys.

Edwin B. Parkinson, 2013 Monument Avenue, Richmond, Virginia. M.D., Jefferson, 1945. Interned, Pennsylvania Hospital in Philadelphia. One-year residency in Obstetrics, Lankenau Hospital, Philadelphia; three years in residency in Ob-gyn, Pennsylvania Hospital. In U. S. Air Force, 1951-1953. In practice of obstetrics and gynecology with Dr. W. D. Suggs in Richmond since 1953; on staffs of Stuart Circle and Medical College of Virginia Hospitals. American Board of Obstetrics and Gynecology, 1954. Married, and expecting baby in April.

Richard H. Phillips, Bishop Hill Road, Marcellus, New York. M.D., New York University, 1945. Interned, U. S. Navy Hospital, Camp Lejeune, N. C. Two years sea duty

and Fleet Marines. Another year of internship, Harrisburg Hospital, Harrisburg, Pennsylvania. Following this took three years psychiatric residency at Duke and a year and a half at the Wilmington, Delaware, V.A. Hospital. For past three years have been Assistant Professor of Psychiatry at the New York State College of Medicine in Syracuse. Live on an old farm with plenty of grazing land for the kids and plenty of space to entertain; invitation open to Tar Heels only! Married, and have five children—three boys and two girls.

Leon W. Robertson, Rocky Mount, N. C. M.D., Bowman Gray School of Medicine, 1945. Internship, Watts Hospital, Durham, N. C. Residency, Rex Hospital, Raleigh, N. C. Private practice in Rocky Mount until February, 1955, when called to duty with the U. S. Navy; stationed at Naval Hospital at Camp Lejeune doing Ob-Gyn; plan to return to private practice in Rocky Mount this spring. Married Virginia Lancaster, and have two children—Ann, 8, and Wayne, 5.

James H. Shell, Jr., 214 Medical Arts Building, Baltimore 1, Maryland. M.D., Maryland, 1945. Interned at New York Polyclinic Hospital, New York. Medical Corps, U. S. Army, 1946-47. Residency in Obstetrics and Gynecology, University Hospital, Baltimore. Certified, American Board of Obstetrics and Gynecology, 1953. Married, and have two daughters.

Paul B. Toms, 21 Starling Avenue, Martinsville, Virginia. M.D., Maryland, 1945. Interned, Union Memorial Hospital, Baltimore. Surgical residency, Martinsville General Hospital, Martinsville, 1947-49. In practice of surgery and gynecology in

Martinsville since 1949. Married Mabel Bassett Hooker, and have three children (Jane, 7; May, 4; Paul Jr., 2).

## OTHER CLASSES

Carlton G. Watkins, '41, who is practicing pediatrics in Charlotte, has recently moved into new offices; his new address is 1322 Scott Avenue.

Arthur R. Summerlin, '46, 2115 Clark Avenue, Raleigh, N. C., was inducted into Fellowship in The American Academy of Obstetrics and Gynecology at its annual meeting in December, 1955.

Robert E. Mabe, '48, has recently become associated with the firms of Drs. Newell & Newell & Associates, with practice limited to Internal Medicine. His address is: Newell Hospital, 707 Walnut Street, Chattanooga.

Charles L. Whisnant, Jr., '49, has opened his office for the practice of internal medicine at 762 Cypress Street, N.E., Atlanta, Georgia.

Gordon R. Heath, '50, is associated with two pediatricians in Lakeland, Florida; their new offices are located at 82 Lake Morton Drive, Lakeland.

Julian S. Albergotti, Jr., M.D., '55 gives his address as 27th AAA Battalion, APO 227 New York, New York. His present assignment is as battalion surgeon which he indicates is a good assignment. Dr. Albergotti devotes one half of each day to the care of dependents of military personnel.

Doctor, '55, and Mrs. Walter Deyton announce the arrival of a daughter, Teresa Leigh, at City Hospital in Winston-Salem, N. C., on March 3, 1956. Walt is interning at the City Hospital this year.



## WITH THE FACULTY

### MEDICINE

The following grants have been awarded to members of the Department:

Dr. James Norman Allen—\$9200; for a study entitled "Quantitative Histochemistry of Human Gliomas" by the Multiple Sclerosis Society for the period July 1, 1956 to June 30, 1957.

Dr. Ernest Craige—\$10,230; for support of research on the production of ventricular arrhythmias by respiratory acidosis and alkalosis by Life Insurance Medical Research Fund for the period July 1, 1956 to June 30, 1958.

Dr. Thomas W. Farmer—\$21,106; training grant by the U.S. Public Health Service for the period July 1, 1956 to December 31, 1957.

Dr. Carl W. Gottschalk—\$7,628.50; for a study entitled "A Mammalian Micropuncture Study of Some of the Physical Factors in Kidney Function" by the American Heart Association for the period July 1, 1956 to June 30, 1957.

Dr. Carl W. Gottschalk—\$12,494; for kidney research by the U.S. Public Health Service for the period August 1, 1956 to July 31, 1957.

Dr. Louis G. Welt—\$11,880; a metabolism training grant by the U.S. Public Health Service for the period July 1, 1956 to June 30, 1957.

Following is a list of the members of the Department who recently participated in various meetings:

Dr. Charles H. Burnett presented the Eastman lecture at the Univer-

sity of Rochester School of Medicine and Dentistry at Rochester, New York. His subject was "Problems in the Assessment and Management of Bright's Disease."

Dr. Thomas W. Farmer participated on a panel of the North Carolina Physical Therapy Association in Raleigh, North Carolina. The subject discussed was "Latest Developments in the Field of Neurology."

Dr. Carl W. Gottschalk presented a paper before the American Anatomical Society in Milwaukee, Wisconsin at the Symposium of the Microcirculatory Conference. Dr. Gottschalk's paper was entitled "Observations on the Hydrostatic Pressures in Individual Tubules and Capillaries of the Rat Kidney." Dr. Gottschalk also spoke on kidney pressures before the American Physiological Society in Rochester, New York.

Dr. Louis G. Welt spoke on "Alterations in Structure and Function of the Kidney in Potassium Depletion" before a meeting concerned with "Protoplasmic Structure and Active Transport" at the Mt. Desert Biological Laboratories at Salisbury Cove, Maine held August 20 through 26.

### NEW APPOINTMENTS

#### Full-Time:

Dr. Leon Polk Andrews, Assistant Professor, September 1, 1956. Formerly Research Assistant Professor, Program Planning Section, Division of Health Affairs.

Dr. Charles Raymond Spell, Assistant Professor of Medicine in Bio-



chemistry, September 1, 1956. Formerly Assistant Professor of Analytical Chemistry at the University of Georgia, Athens.

#### **Part-Time:**

Dr. Needham B. Carter, Rocky Mount, N. C., Clinical Instructor, July 1, 1956.

Dr. John R. Chambliss, Rocky Mount, N. C., Clinical Assistant Professor, September 1, 1956.

Dr. Harold L. Godwin, Fayetteville, N. C., Clinical Instructor, September 1, 1956.

Dr. James Walter Lea, Jr., Burlington, N. C., Clinical Instructor, September 1, 1956.

Dr. John Lewis McCain, Wilson, N. C., Clinical Instructor, September 1, 1956.

Dr. Edwin W. Monroe, Greenville, N. C., Clinical Instructor, July 1, 1956. (Formerly an Assistant, Dept. of Med., and Chief Resident, Medical Service, N. C. Memorial Hospital.)

### **PEDIATRICS**

Dr. Edward C. Curnen on September 15 presented a paper, "The Recognition and Management of Rheumatic Fever," at a meeting of the North Carolina Heart Association in Asheville, N. C.

Dr. Judson Van Wyk was awarded a USPHS grant of \$10,000 for research on the "Physiologic Role of Certain Adrenal Steroids in Children."

Dr. Patricia Thomas joined the department as a fellow in pediatric endocrinology.

Dr. Robert Verney has been appointed a fellow in pediatric cardiology.

Dr. George Summer in August took a course in radioisotope procedure at the Oak Ridge Institute of Nuclear Studies at Oak Ridge, Tennessee.

### **PREVENTIVE MEDICINE**

Dr. William L. Fleming, as acting secretary of the American Venereal Disease Association served on the Program Committee and attended the International Symposium on the Venereal Diseases and the Treponematoses in Washington, D. C., May 28-June 1. Dr. Fleming also presented a paper entitled "Venereal Disease Instruction in Schools of Medicine."

Dr. Fleming also attended a meeting of the Board of Directors of the American Social Hygiene Association in New York City, May 14, 1956.

### **OBSTETRICS AND GYNECOLOGY**

Dr. Robert A. Ross served as Dean of the Section on Obstetrics of the Southern Pediatric Seminar at Saluda, July 22-28. Dr. Charles E. Flowers, Jr. was on the faculty.

Dr. Ross also attended a meeting of the American Association of Obstetricians and Gynecologists at Hot Springs, Virginia, September 6-9.

## **Conform or Be Lonely**

*(Continued from Page 24)*

of educated men. I shall no longer do this, but rather, welcome you to the fellowship of continued self-education."

These words have hung in my mind and I pass them on to you. Welcome to the fellowship of continued self-education and to that austerity of spirit, that loneliness of mind, that comes to the seeker for truth who is reluctant to conform.

Dr. Charles E. Flowers, Jr. recently conferred with health educators, physicians, Health Department officials, welfare workers and American Cancer Society volunteers in Charlotte, Asheville, Bryson City, Morganton and Tabor City in an effort to improve service to cancer patients in the State.

## PSYCHIATRY

Dr. Eugene A. Hargrove has been appointed Director of the Psychiatric Outpatient Clinic, and Dr. John A. Ewing, Assistant Director. Dr. Shephard Liverant, M.A., Ph.D., Assistant Professor of Psychology, is at present Acting Director of the Psychology Unit.

Members of the senior staff who have been appointed as consultants to the V.A. Hospital at Fayetteville, N. C., include Dr. Thomas Curtis, Dr. George C. Ham, Dr. David R.

Hawkins, Dr. Eugene A. Hargrove, and Dr. Harley Shands.

Dr. Mary Eliot, who comes to us from Connecticut, having had her medical education at Oxford, joins the staff as a 4th year Fellow in Child Psychiatry.

Dr. Mary Clark, Ph.D., and Dr. Aron W. Siegman, Ph.D., have joined the Psychology Unit as Assistant Professors. Mr. Lon Ussery has been appointed Instructor of Psychology.

Dr. Charles R. Vernon, Dr. Harold H. Harris, and Dr. Granville Tolley have joined the staff as full-time appointees with the rank of Instructor in the department.

Professors Lucie Jessner, George C. Ham, and David R. Young are teaching at the Washington Psychoanalytic Institute. Dr. Jessner has been recently elected to the Council of the American Academy of Child Psychiatry.



## HOUSE STAFF NOTES

In June two assistants in pediatrics, Dr. Sacha Field and Dr. Sara Hoyt, attended courses of training in the care of patients with poliomyelitis. Dr. Field visited the respiration center at the University of Michigan in Ann Arbor, and Dr. Hoyt attended a course at the Children's Medical Center in Boston.

Dr. William Weinell, Assistant Resident in Obstetrics and Gynecology, is at the Margaret Hague Maternity Center in Jersey City, New Jersey, for six months as exchange resident.

Dr. Alvin Gendreau has been at Kinston Clinic for six months and is now at N.C.M.H. as Assistant Resident in Obstetrics and Gynecology for the remainder of his year of affiliation from the Margaret Hague.

Dr. G. I. Hanes, Assistant Resident in Obstetrics and Gynecology, is at the Kinston Clinic, Kinston, N. C., for six months affiliation.

Dr. O. B. Bonner and Dr. Harvey Adams began residencies in Obstetrics and Gynecology on July 1.

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# *The* BULLETIN

OF THE UNIVERSITY OF NORTH CAROLINA SCHOOL OF MEDICINE

IV

December, 1956

No. 2



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# *A Message from the Dean*

From the beginning of the 1956-1957 academic session with the commencement of work for the juniors and seniors on September 5, the fall quarter has been an exceedingly busy and productive period.

The following stand out as especially worthy of attention:

1. The opening of the Hearing and Speech Center in cooperation with Mr. Charles Warren of the State Office of Vocational Rehabilitation. The Center is equipped with a sound-treated room and has various specialized equipment designed to evaluate hearing and speech problems. This same equipment is also used in various forms of rehabilitation. The Center is staffed by an audiologist-speech pathologist and a speech therapist. All phases of diagnosis and therapy are now available.
2. The Teaching of Rehabilitation and Special Rehabilitation Service. Under a grant, made earlier by the National Foundation for Infantile Paralysis, a coordinator of rehabilitation services in the Department of Surgery and a medical social worker have been employed, and special consultative services on all aspects of rehabilitation are now available for both out and in patients. Rehabilitation teaching conferences and rounds have been inaugurated. An occupational therapy department is being set up and is expected to be in operation soon after the first of the year.
3. Award of three senior research fellowships totaling \$164,000 to faculty members of the Basic Science departments by the National Institutes of Health of the U.S. Public Health Service. The funds are to be used to support the teaching of the basic sciences to medical and dental students. Named for the awards were the following:

R. D. Langdell, M.D., Assistant Professor of Pathology

Billy Baggett, M.D., Assistant Professor of Pharmacology

Ira Fowler, Ph.D., Assistant Professor of Anatomy

The fellowships become effective January 1, 1957 and are for a 5-year period. These three fellowships were among 44 awarded nationally.

4. A conference sponsored by Ross Laboratories and arranged by the Department of Pediatrics, attracted participants from throughout the U.S., England and Canada. This was the 23rd Ross Pediatric Research Conference. The subject considered: "Etiologic Factors in Mental Retardation."
5. Plans for organization of a Medical Parents Club. Members of the Organizational Committee:  
Rev. Samuel E. Howie, Minister, Highland Presbyterian Church,  
Fayetteville—Chairman  
Mr. John S. Patterson, Deputy Administrator of Veterans Affairs,  
Veterans Administration, Washington

Mr. J. P. Hobson, Senior Vice President and Senior Trust Officer,  
The Commercial National Bank, Charlotte  
Dr. Palmer A. Shelburne, Internist, Greensboro  
Mr. Sam G. Jenkins, Tarboro  
Mr. Victor G. Herring, Jr., President and Treasurer, Goldsboro  
Motor Company, Goldsboro

Tentative plans are to have a meeting of parents next spring to consider the formation of the Club. The support of the parents as an organized group is needed for a number of reasons, one of the most important of which, perhaps, is to help interpret what the Medical School is doing for the state. The Parents Club will be a means of keeping parents informed regarding activities, plans and needs of the School of Medicine.

6. Letting contract for additional Occupational Therapy facilities and Laboratories for the Psychiatric Department.
7. Grant from Robbie Page Foundation to enlarge and improve pediatric services.
8. Pilot study at Warrenton in providing requested consultation services to practicing physicians. This study was designed at the request of these physicians to aid them in their continuing education.

When these new developments are added to the already existing programs — such as the seizure and rheumatic fever clinic, postgraduate medical program, consultation services to the hospitals in the State with reference to educational programs and cooperative arrangements with State Sanatorium System and State Hospitals Board of Control — the total adds up to an impressive educational service that a seriously undermanned faculty is providing for the State of North Carolina.

These developments seem all the more significant in the light of the brief existence of the expanded school and the increasing teaching, patient care, and research responsibilities of the staff.

Until and unless greater financial support can be provided by the State through the General Assembly of 1957, it seems unlikely that additional expansions of the above three fundamental services can be anticipated. This fact points up once more the importance of the support of alumni and friends with your Representatives in the Legislature which convenes in February, 1957. At this stage in the development of the Medical School and Hospital the immediate and to a large extent the longtime future will depend upon the appropriations for the next two years.

Your interest and support individually and collectively becomes all the more fundamental to the success of the State University Medical School in view of the very considerable grants made to the privately endowed schools by the Ford Foundation and the Commonwealth Fund—exceeding \$100,000,000 in the past twelve-month-period.

With best wishes for a Merry Christmas and happiness in the New Year.

W. REECE BERRYHILL

# Aims of A Medical Education

CARL E. ANDERSON, Ph.D.

I would like to take as my text a passage from the writings of another Whitehead—Alfred North Whitehead—one-time professor of philosophy at Harvard and one of the great thinkers on education of our own or any time.

Wisdom is the fruit of a balanced development. It is this balanced growth of individuality which it should be the aim of education to secure. The most useful discoveries for the immediate future would concern the furtherance of this aim without detriment to the necessary intellectual professionalism.

Professor Whitehead is here concerned, I believe, with the training of professional people who specialize in particular regions of thought and progressively add to the sum of knowledge. He is also aware and concerned with the danger of professionalism. It produces, he says, minds in a groove. A celibacy of the intellect. Each profession makes progress, but it is progress in its own groove and, paradoxically, as progressive excellence in specialization occurs, there is a diminished interest in community affairs and surrender of community leadership.

I would like to interpret this thought from Whitehead in terms of our own aims and interests—medicine. In my way of thinking, *medical wisdom in its fullest sense is the fruit of a balanced development, not necessarily equal, between training in specialized knowledge on the one hand, and on the other, training in the knowledge necessary to effectively function in the community. It requires for complete fruition the projection, through creative activity and service, of that past training into the unexplored, or future.*

We have here in our definition two parts—the past and the future. You, the student, are the link between that past and future. You are, therefore, our most precious commodity. In this sense you, the student, may be considered the principal link

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*Dr. Anderson is Associate Professor of Biological Chemistry and Nutrition of The School of Medicine, University of North Carolina.*

*This address, the annual Richard Henry Whitehead Lecture, was given by Dr. Anderson on Sept. 18, 1956.*

or vehicle by which the accumulated medical knowledge of the past is projected into the future. By being selected to receive the training you will receive here, the people of this state, through this faculty, have given you, and you have accepted, a heavy responsibility. You cannot discharge this responsibility by passively absorbing the information we give you, since implicit in this responsibility is the duty, through the knowledge gained, to add to the store of medical knowledge through service and creative activity. This you must do in accordance with your own speed and ability. To do otherwise is to elect the state of *status quo*. An illusion. For the irresistible tempo of society is such that we either progress or regress—we cannot remain static. Bacon said *knowledge is power*. But it should be noted it is also said *knowledge does not keep any better than fish*. It requires recharging through your creative effort.

The past and the future then, according to our definition, converge in you, the student, and the point at which you make your flight into the unexplored depends upon your curiosity, your sustained enthusiasm, your acquired knowledge, and your ability.

To illustrate my point, I would like to take you back with me some seventy-nine years to the ancient university town of Upsala, a little north of Stockholm, in Sweden. A quiet town with shady trees and narrow streets and an air of great serenity. This was not always so, since Upsala in more ancient times was the seat of Swedish kings and of the pagan worship of the Norse gods—Odin, Thor, and Freya. The university, established in 1477, had seen violence, war and fire. It is a dark, rather dreary mid-winter day as we peer over the shoulder of a young medical student busily engaged in one of the university laboratories. His name is Ivar Victor Sandstrom. It is a period between semesters and a brief respite from medical studies. But Sandstrom has become interested in the thyroid and so, taking advantage of his vacation period, he is dissecting out this organ from a dog. As he works, he observes that within the thyroid tissue, or attached to its surface, there are small, solid epithelial organs which under the microscope differ from thyroid tissue in that they do not contain follicles. He repeats the experiment the next day, and the next. But then, because of the insistent clamor of professors and the necessity for resuming his studies, he has to leave his work. At every opportunity he resumes his dissection and investigation. He repeats the experiment in cats, ox, horse, rabbits, and man.

Eventually, he studied some fifty human cadavers. Finally, he arrives at a conclusion and records his observations in a paper to which he adds the title "On a new gland in man and several mammals." As a student of medicine and at the age of twenty-five, Sandstrom made his first flight into the unexplored and discovered the parathyroid glands.

In our definition, we first considered the past. The past is the curriculum. The accumulation of past knowledge. The material you study here during your four years of formal training. In the sense of specialized knowledge, it is the medical curriculum. This is the study of the biochemical, physiologic, pathologic and psychologic mechanisms of the community of cells we call the animal organism, and the treatment and management of the ills that affect these cells. It is the study, first, of the normal structure and function of the cell, singly and in organ systems, and the effect of the external environment on these cells. You know this phase of study as the so-called pre-clinical or basic sciences. This is the study of what, to my way of thinking, is one of the great intellectual achievements of man. A study of how a microscopic cell performs, in an orderly and directed manner, thousands of chemical reactions catalyzed by substances called enzymes and for the purpose of achieving from food the energy so necessary to sustain the living functions of that cell. It is most unfortunate that here, in your studies, you will have so little time and can obtain only momentary glimpses of the exciting drama behind this tremendous effort to understand cellular morphology and function, and of the many thousands of dedicated explorers who pit their knowledge against the unknown to secure the pieces of this structure. Here is a drama, I believe, greater than that conceived by playwrights, past or present. The study is hard because the structure is imperfect. Because it is imperfect, it is difficult to understand. But it is here we, the faculty, may feed your curiosity and stimulate your imagination so that you may take flight and venture into the unexplored and add to this imperfect fabric. Here there is also danger. You, the student, may become impatient and consider this phase of your development a waste of time, a hurdle to overcome, before you can get down to what is *practical*, the treatment of the sick. It is perfectly normal to become impatient. We all want to be doing something that is important—something worthwhile. But do not be misled at this point by your imperfect knowledge and your tired mind that you are now fit to be entrusted with a human life.

It may be of some comfort here to know that your perplexity and weariness is recognized. It has been experienced by many that have gone before you.

Albert Schweitzer—one of the most remarkable men of modern times—brilliant organist, musicologist, theologian and philosopher, at the age of thirty turned his back on the rewards the world was ready to award him to study medicine. From his book, "Out of My Life and Thought," I would like to give you the following for your thought and comfort.

On one of the closing days of October, 1905, I set out in a thick fog to attend the first of a course of lectures in anatomy. *Now began years of continuous struggle with fatigue.*

\* \* \* \* \*

On May 13th, 1908—I entered for the examination in anatomy, physiology and the natural sciences. \*\*\*\*I had stupidly got into my head the idea of studying pure science only, right to the end, instead of preparing for the examination. It was only in the last few weeks that I let remonstrances from my fellow students make me become a member of a cramming club (Paukverband), so that I got to know what sort of questions, according to the records kept by the students, the professors usually set, together with the answers they preferred to hear. \*\*\*\*The examination went better than I ever expected, although during those days I was going through the worst crisis of fatigue that I can recall during the whole of my life.

I mentioned a moment ago the "practical" aspect of medicine and the frequent impatience of the student to get to the bedside. The term "practical" is, I believe, a much misused and misunderstood word. Of course, it is important to be practical. I would most certainly not place my life in the hands of a surgeon if I thought he wasn't practical. I believe when a student comes to me complaining that what he is doing is not practical he doesn't really mean practical—he is thinking in terms of technique or methodology. He is impatient to learn by heart a lot of mysterious formulae so he can immediately rush out, diagnose a disease, apply the formulae and heal the sick. Herein lies the danger of impatience. To be practical requires that a certain amount of technique or methodology be applied, backed up by the knowledge that these techniques are based on sound fundamental or basic principles. There is no royal road to the understanding of fundamental laws and truths. The application of technique in ignorance of the basic principles upon which that technique is based cannot be permitted when it is a human life that is at stake. It is the responsibility of the faculty not only to prepare the student for the immediate



future but also through thorough grounding in sound principles to prepare him to cope with the changing views of the more distant future. To acquire technique alone soon leads to obsolescence.

I would like to comment only briefly on the second aspect of the first part of our definition of the aims of a medical education—*the knowledge necessary to effectively function in the community*. During the past decade, there has been considerable lowering of the stature and prestige of the physician insofar as community life is concerned. Some have attributed this to greed for money. I do not believe the physician can be set aside from any other profession or class of people in this respect. Rather, I believe, as Whitehead suggests, this is the ever danger of specialization and, as he says, produces minds in a groove. In simple words, so great is the demand on the specialist in this modern day world he has little time for thought in other than his own little groove. As a consequence, his former stature in the community is left to those who lack either the force or the character to succeed, and is usurped by the politician and the less informed. I leave this for your most careful consideration. What is the proper balance between specialized knowledge and knowledge for leadership in the community? Are there not here dangers to your own priceless freedom of thought and action?

Finally, and again briefly, I would like to discuss the last part of our definition of the aims of a medical education—*the projection, through creative activity of the knowledge of the past into the unexplored or future*. This is the fruition of a balanced education and development and can be called simply—creative activity or research.

For ages, in fact since the origin of life itself, man has been restricted to a severely limited environment. Climbers approaching the summit of Mount Everest at approximately 30,000 feet require oxygen in order to prevent mental aberrations, false judgment, respiratory failure and death. At 50,000 feet we are beyond the atmospheric range that supports respiration. Long before this height is reached, flyers require oxygen in order to function with reasonable efficiency.

There are other boundaries to our limited environment. We certainly cannot even approach the boiling point of water and continue to survive. We cannot descend very far into the cold regions of temperature without damage to our cellular structure.

We are severely restricted to a narrow region of  $H^+$  ion concentration because of the destructive effect of acid and alkali on our body fluids and protoplasm. The reduced pressure of the atmosphere at 63,000 feet causes our body fluids to boil. Gas bubbles form in the mucous membranes, in the eye, blood, and the tissue spaces.

As we proceed beyond the protection of the earth's atmosphere we enter a field of intense ionizing radiation. These may be considered a general protoplasmic poison. H. J. Muller, Nobel Laureate, has repeatedly called attention to the hazards and genetic implications from exposure to ionizing radiations and to the dangers from ordinary diagnostic and therapeutic procedures.

Today, as though in answer to the fantasies of Jules Verne, man plans flights into the upper reaches of the atmosphere and into space itself. As man attempts to fly higher and faster intricate medical problems appear. Minor defects in the vascular tree, small atheromata, for example, may become matters of grave concern. But it is inevitable that man will fly higher and in a power hungry world seek nuclear machines for industry and transportation. With this development will come accidental injuries and, medically speaking, our ignorance is great. Here, then, are vast fields for flights into the unexplored.

Time does not permit me to more than mention other but no less exciting fields of medical research, in brain chemistry and the related clinical field of psychiatry, in cardio-vascular disease, virology, protein synthesis, metabolism and many others. Certainly, one does not need a super imagination to find areas for flight and creative activity.

I have tried here to give you one view of the aims of a medical education. I am sure it is imperfect. But—however you define it, I am certain there will be a need for balance between your specialty of medicine and that knowledge essential for you to live effectively in your community. I am equally certain you will not feel the full measure of life unless you apply that knowledge in creative service and activity.

# Teaching the Family Physician's Approach in the Outpatient Clinic Of the N. C. Memorial Hospital

WILLIAM L. FLEMING, M.D.

The University of North Carolina School of Medicine and its teaching hospital have a graduate teaching program in preparation for general practice, but there is no undergraduate program with this sole objective. Consequently, this report really concerns the attempt to teach fourth year medical students a broad approach to consideration of patients' problems, a "family physician" approach, which we hope will be of use to any type of physician, generalist, specialist, or new type of family physician our graduates might become.

The author is director of the General Clinic in which the program is based, but the program is not just an activity of the department of preventive medicine, of which department he is chairman. In fact, the assignment is a fourth year clerkship in medicine and preventive medicine in which the departments of psychiatry and surgery, and, to some extent, other clinical departments, actively participate.

## *General Clinic*

The General Clinic is the "core clinic" of the public outpatient department. It represents an attempt to have a clinic be a combination of the usual teaching hospital's general medical clinic and surgical clinic, with active participation of psychiatrists in the clinic and with medical sub-specialty clinics, lesser in number than usual, functioning as sections of the General Clinic,

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*Dr. Fleming is Professor of Preventive Medicine and Chairman of the Department of Preventive Medicine, U.N.C. School of Medicine.*

*This article is based on one which appeared in the June 23, 1956 issue of the Journal of the American Medical Association. The article described the program of the General Clinic in 1955-56. Certain modifications have been introduced in 1956-57 which do not fundamentally alter the program.*

rather than separate clinics. On-the-spot consultation by a number of different specialists is available in the General Clinic itself.

The fourth year clerkship in the General Clinic as described has involved 15 students at a time and occupied 10 weeks. In 1956-57 increased association of teaching with Pediatrics, Psychiatry, and Surgery has resulted in a program occupying half of the fourth year. Every effort is made to have the fourth year student serve as physician to the patient with preceptors in the role of consultants. In the General Clinic proper, rather than in medical specialty sections of it, only new patients are assigned to students. Examinations begin in the early morning to permit the maximum in indicated laboratory work and consultation to be obtained on the patient's first visit. Each student presents his case in detail after examination to an assigned preceptor, at which time every effort is made to have the student consider all of the patient's problems broadly and not just the chief complaint. Consultation on each patient is later obtained with the social service.



*Fourth year student, Francis Bowles, examines his patient in the out-patient clinic.*

Students assist the preceptor with a preliminary report to the referring physician on the first day of the patient's visit. Within two weeks, a more definitive report to the referring physician is prepared by the student for the preceptor's signature. Every effort is made to facilitate the followup of the patient by the student and the same preceptor, as associates of the referring physician, for as long a period as is indicated during the 10-week clerkship, after which the patient is returned to the referring physician with a final note. Patients with complicated problems of management are followed with the consent of the referring physicians periodically in specialty sections for longer periods.

The daily schedule for the students varies slightly depending upon whether they are to see a new patient or one that has been examined previously. The period from 8-9AM each day is devoted to teaching conferences, most of which are informal presentations by members of the various departments. A certain number of these periods are allowed for the students to present, with the aid of references and other data, discussions which they themselves have worked up. Two hours are allowed for the student examination of a new patient, followed by a one and a half hour student-preceptor conference about that patient. On return examination of patients, less time is usually necessary and the last two morning hours are devoted to teaching rounds, including the tumor clinic and hospitalized patients (one day per week for each). Afternoons are devoted to obtaining screening consultations and sub-specialty consultations on the new patients or, on return patient days, to participation in special sections of the clinic, such as, neurology, cardiology, dermatology, etc.

### *Home Health Service*

There is a Home Health Service associated with the General Clinic, in connection with which students over the entire 10-week period furnish medical care to home-bound medically indigent patients in a 10-mile area around the hospital, under the supervision of certain staff members of the general clinic. Home nursing care is provided these patients by nurses on the staff of the local health department. Students are usually assigned one such patient at a time and visit the patient routinely once weekly but, in addition, as often as the patient's health problem warrants. The student serves in the role of family physician and makes visits by himself unless assistance is indicated and requested. Fellows and residents supervise the student's care of his home patient.

As a brief example, here is an incomplete list of some of the patients being followed currently: one patient with heart disease, hemiplegia and Jacksonian epilepsy, another with carcinoma of the prostate and spastic paraplegia, another with epilepsy, pyelonephritis and thrombophlebitis, and a fourth with congestive heart failure.

Some of these cases illustrate spectacularly the advantage of home supervision of patients. A 5-year-old cerebral spastic child with epilepsy, in spite of drug therapy prescribed on occasional outpatient visits, was still having 20 to 30 fits per day and was almost continuously in the stupor of a postictal state. Home supervision resulted in drug therapy being made really continuous, cleared up confusion that was found to exist as to dosage of different drugs, and resulted in seizures being reduced to much less than one a day with great improvement in the patient's mental condition and in the ease of caring for her. Another patient, bedridden for eight months after a cerebral accident with residual hemiplegia and decubitus ulcers, was gotten out of bed and rehabilitated to the point that she could get around the house by a combination of good medical care, nursing care, and physiotherapy. Limitations of home care also are pointed out, as in a recent case in which a student observed a positive Trousseau sign in a patient in taking the patient's blood pressure; this led to the discovery of a severe metabolic alkalosis, presumably precipitated by a diarrhea, the severity of which had been masked by incontinence.

### *Comment*

Some of the factors that seem to facilitate the development by students of a broader point of view of patients' problems are as follows: First, the program involves ambulatory patients, less removed from their environment than hospitalized patients, so that it is easier for students to understand the importance of family relationships and other social and environmental factors in illness. This is particularly true of patients seen on the home health service. Second, every effort is made to have the outpatient teaching program be as effective and attractive as the inpatient program. In contrast with the common pattern in teaching hospitals, staff members with the greatest seniority do not confine their teaching efforts to inpatient teaching but participate in the general clinic teaching program. Teaching rounds are conducted each day on carefully selected patients.

Third, ambulatory patients seen in the general clinic are much more representative of a cross section of practice than are hospitalized patients. The teaching emphasis placed on the less serious and earlier forms of illness, along with the frequent occurrence of emotional illness seen in these patients, serves to emphasize the importance of these problems. Fourth, the preceptor staff is composed of generalists and specialists: local general practitioners, internists (full time, part time, and voluntary), university infirmary staff members, and psychiatrists with special training in internal medicine. These men have in common medical competence and a desire to participate in a teaching program on ambulant patients designed to give a broad point of view to students. We feel that these men are more effective in teaching students in an intramural program than the same men would be in an extramural program. Special care is given in the selection of the family physicians, generalists and internists, brought in from the outside to participate as preceptors. They are well qualified in internal medicine and demonstrate their enthusiasm by not only taking time off from their practice but driving in from as far as 50 to 75 miles.

Fifth, emphasis is placed by all staff members on the importance and opportunities of the family physician, as exemplified by requiring students to use the referring physician's name and not the somewhat derogatory term "local medical doctor." Referring physicians are encouraged to send in pertinent information on patients. Students are made to realize the necessity of referral by the general physician of patients needing special facilities for diagnosis and treatment.

Sixth, special help is given students in dealing with emotional problems by having the psychiatrist with special medical training serve as preceptors for them with patients with any type of problem, participate in conferences, and assist other preceptors in teaching students to recognize and treat patients with emotional problems by superficial psychotherapy of a type general physicians could easily use. Seventh, the program offers excellent opportunities for emphasizing the importance of the doctor-patient relationship, for seeing patients over a period of time as partners of the referring doctor (usually a family physician), for learning to deal with consultants and send out prompt medical reports, and for learning the advantages of group practice built

*(Continued on Page 28)*

# The Summer Program of Research

CHARLES W. HOOKER, Ph.D.

Among the activities that have accompanied the expansion of the School of Medicine few are more significant in terms of our attaining the stature of a great school than the rapid, but largely unnoticed, growth of research on the part of medical students. During the summer of 1956 a total of 48 students engaged in studying as many different problems and worked in eleven of the thirteen departments. Thus, roughly 20 per cent of all of the students enrolled in the School were sufficiently interested in one or another facet of the unknown in medicine to forego the summer pleasures or remunerative employment that are traditional among students everywhere. Moreover, there is every indication that the desire to engage in research is extending to even greater numbers of students.

The part played by these students in research has thus far depended upon circumstances and has ranged from serving as technicians to acting as virtually independent investigators. While it is possible that some students have profited but little from the experience, others have reported that their summer's research has been the most rewarding educational experience of their lives.

The objectives and benefits to the student may be visible or they may be subtle. He may be fortunate enough to make a contribution to the elucidation of the particular problem that has aroused his interest and spurred his inquisitiveness. Indeed, some of the research has already resulted in published papers. He has the opportunity to learn techniques, to acquaint himself with the instruments employed in his type of study. He has the opportunity to read widely and leisurely in a narrow field and to read the original literature, this in contrast to his usual practice of reading narrowly and hurriedly in many fields and rarely including the original literature. He has the problem of evaluating his own data in the light of first-hand familiarity with their inevitable shortcomings. He has the opportunity to learn for himself

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*Dr. Hooker is Professor of Anatomy and Chairman of the Department of Anatomy, University of North Carolina School of Medicine.*





*Kenneth Lewis of the second-year class has been attempting to produce tumors of the thyroid gland in mice.*

how knowledge is gained and how slowly and laboriously solid advances are made. If he is fortunate in his selection of a mentor, he may have the opportunity of observing an alert and disciplined mind grapple with problems, and he may experience the pleasure of the close acquaintance and friendship of a stimulating person with whom he may talk every day and at length. He has the opportunity of learning whether he has a talent for research and whether his interest in doing research is real or merely one of many idle daydreams. At the worst, he is not likely to be the poorer physician for his experience.

As for the school, it may be argued that the University has minimally met its mandate from the people of North Carolina if we do no more than graduate annually a specified number of competent practitioners of medicine. It is clear that we have not met our obligations to our students if we do not furnish opportunity and encouragement for full development of every talent they have. There is the obligation of making possible the flowering of

traits and abilities that will make some of our students leaders in the advance of medicine and science.

Perhaps one of the most serious and deserved criticisms of medical education is the almost universal employment of lock-step practices. Because a boy decides to be a physician he is segregated from his fellows in college into a so-called pre-medical program that is usually dictated by the narrow or even pedantic outlook of the medical schools. Upon entering medical school our aspirant for one of the most individual of careers has almost all of his working, and some of his sleeping hours scheduled for him, ostensibly to make certain that he does precisely the same things and thinks the same thoughts as every one of the other 49, or 65, or 124 members of his class. That any product of such uniformity



*Charles Gilbert of the second-year class has been studying ovulation in ovaries transplanted to the anterior chamber of the rat's eye.*

should think sufficiently differently from his co-products to do anything as different and original as research is a tribute to the resiliency and toughness of the human spirit.

The summer program of research has the important function of giving an increasing number of the members of each class an opportunity to break out of the mold and to grow in the direction of their individual goals, even if the goal might be transient. The student who participates in the program has in one year the benefits and opportunities offered by traditional medical education, and he also has

for two or three months of that year the best aspect of the graduate school type of experience.

The research undertaken by students during the summer months has already involved exploring a wide variety of dark corners and unilluminated avenues. To cite but a few examples, one student has devoted three summers and many hours during

term-time to attempts to test his own hypothesis that the cachexia in late cancer is a manifestation of disturbed hepatic function. Another spent three summers in a sustained and ingenious effort to identify the chemical form of a circulating hormone. Another has studied the absorption of fructose from the intestine. Another has studied physical factors in kidney function by employing micro-punctures of renal tubules.

The effort involved in this program is not expended solely by the participating student. In most instances a fellowship or scholarship has been arranged that enables the student to meet the expenses incident to remaining in Chapel Hill during the summer. Funds for these fellowships have come from departmental budgets and from a number of foundations such as the National Institutes of Health, National Foundation for Infantile Paralysis, Lederle Foundation, Tobacco Industry Research Committee, American Cancer Society, Atomic Energy Commission, University Research Council, National Science Foundation, American Heart Association, North Carolina Heart Association, United States Army, Life Insurance Medical Research Foundation, and United Cerebral Palsy Foundation. The staff member who serves as preceptor or mentor must add this to his other duties, and frequently must sacrifice to the program time that he has set aside and treasured for his own research. It is also inevitable that in terms of immediate and evident results, the money and time and effort must usually be listed on the debit side of the ledger. That the investment is so freely and enthusiastically made is the most convincing evidence of confidence in the long range value of the program.

It is cheering to observe the program spread to the School of Dentistry. The need and the potential results here are of no lesser magnitude.

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# For the Benefit of the Sick

MARY DALE SPEARMAN

Do you believe that "tonsillitis and other throat diseases are due to toxins caused by too much and wrong kinds of foods eaten; therefore, the best treatment is to clear the alimentary canal as quickly as possible"? This is a nineteenth century theory set forth in a pamphlet distributed in the mid-1880s by Dr. J. O. Day, 1018 S. 4th Street, Louisville, Kentucky. The yellowing document is housed along with other medical memorabilia in a simple handsome exhibit case placed against the front wall in the outer office of Dr. W. R. Berryhill, Dean of the University of North Carolina School of Medicine in Chapel Hill.

In this case behind glass doors that slide easily back and forth, passage of the years is dramatically reflected in fascinating variety: antique hypodermic syringes; old surgeon's knives used in Raleigh during the War between the States; a small microscope from Paris with a slide of a still-bright butterfly's wing; the speculum with its shining surface which may have been used to help reveal the cause of a patient's undiagnosed suffering.

Since the days of Hippocrates, whose principles of medical science were put forth about 400 B.C. and are still held to have formed the basis of medical science developed in the 1880s, medical knowledge and its consequent methods of treatment have come a long way indeed. Many doctors and teachers who have been associated with the Medical School at Chapel Hill have contributed to this medical progress. Portraits of outstanding leaders who have striven long and well in North Carolina "for the benefit of the sick" (a key phrase from the Hippocratic Oath), hang from the walls of the Medical School administrative offices including the room in which the exhibit is located. Handsomely displayed are the portraits of Dr. Thomas West Harris, under whose leadership the School of Medicine was founded in 1879, and Dr. Hubert Ashley Royster who in 1902 organized and directed clinical instruction in Raleigh, leading to the M.D. degree. Dr. Royster continued in this endeavor until 1910 when

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*Mrs. Spearman formerly served as Public Information Officer of the Division of Health Affairs of the University of North Carolina.*

the teaching of clinical subjects had to be abandoned for lack of financial support.

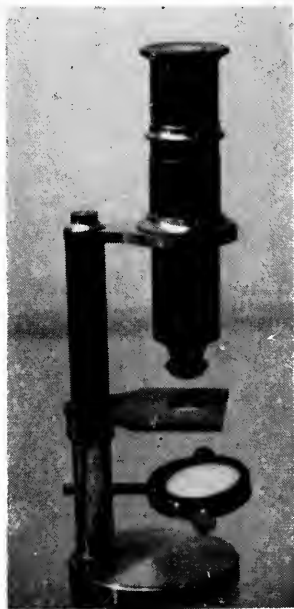
Above the exhibit case hangs the splendid portrait of Dr. Richard Henry Whitehead, former Professor of Anatomy, who served as Dean from 1890 to 1905. To either side are the likenesses of Dr. Isaac Hall Manning, former Professor of Physiology and Dean from 1905 to 1933, one of the greatest "public" health men the United States has known because of his early interest in hospital and medical care insurance; and that of Dr. William deBerniere MacNider, late Kenan Professor of Pharmacology, who was Dean from 1937 to 1940, pharmacologist of the highest order whose interest in gerontology developed well in advance of his time. Not far away is the likeness of Dr. Charles Staples Mangum, Dean from 1934 to 1937 and former Professor of Anatomy, splendid teacher and diagnostician, under whose administration the School of Public Health was established.

Two lively members of this group of leading spirits who may some day be designated as patriarchs are Dr. James Bell Bullitt, Professor of Pathology, Emeritus, currently quite unaffected by his accomplished memorialization in a portrait; and Dr. Berryhill, Professor of Medicine, and Dean since 1940, who is always ready to receive those frequently returning alumni interested in medical education.

When viewing the exhibit which contains many contributions from medical alumni, faculty members, and friends of the University, one's eye falls inevitably on the small microscope on the top shelf to the right.

The identifying card reads:

*"This microscope originally belonged to Dr. David Cummins, from Louisville, Kentucky. He had used it while a student in France about 1850. For a time he studied under Pasteur. Many years after his death (about 1885) his widow gave it to her nephew, James B. Bullitt, who gave it to the University of North Carolina."*



Dr. Bullitt, native of Louisville, Kentucky, came from the University of Virginia to Chapel Hill in 1913 and served as Pro-

fessor of Pathology here until his retirement in 1947. He still maintains his office in the Medical School and his grace and spirit send inspiration far and near. His contribution to this collection may well have been used in the laboratory of the great French chemist and biologist, Louis Pasteur.

Centrally located on the top shelf, is a case of surgeon's knives, forceps and bone saws brought into Raleigh by General Sherman. According to Burke Hayward Bridges, ('03), these instruments were "used for the relief of the Army in the Pettigrew Hospital by the donor's grandfather." This contribution was made by Dr. Samuel W. Hatcher ('40) of Morehead City.

Lying carelessly nearby like a paper weight across the first catalog (1880-81) of the University of North Carolina School of Medicine, is a bone mallet used formerly by Dr. MacNider, perhaps in surgery and maybe later in his pharmacology studies.

To the left of the surgeon's case is a wooden mortar standing behind the obstetrical forceps in the foreground, given by Dr. John Lasley of the present Mathematics faculty. These belonged to his grandfather, Dr. John Wayne Lasley, who was graduated from The Jefferson Medical College of Philadelphia in 1879 and practiced in and around Burlington until 1900. The mortar itself is typical of those used by doctors who, even fifty years ago, had to prepare many of their medicines from garden herbs and wild plants.

In a simple mahogany case on the top shelf are a brass syringe, a "sacrificer" (surgical instrument containing multiple shallow lancets for treating infected areas) and "cupping glasses." Routine drugs carried in such a "medicine case" included: sweet spirit of nitre, sulphate of quinine, paregoric and phospho-cafein. Some of these remain in small glass tubes in the donated cases. The "cupping glasses" were used to reduce swelling and to treat infection by being filled with boiling water, then being quickly emptied, and having the cup held over the area to be treated. Contraction of the heated air thus created suction on the affected area and allegedly altered its contents. These items once belonged to Dr. James H. Hicks of Sampson County who practiced there nearly 150 years ago. They were presented to the Medical School by Dr. Adam T. Thorp of Rocky Mount.

Sturdy pharmaceutical balances and more cupping glasses in a case are a gift to Dr. Bullitt from Dr. J. G. deR. Hamilton,

Kenan Professor of History and Political Science, Emeritus, and consultant of the Southern Historical Collection at the University of North Carolina.

Indian pill boxes of exquisite beauty are the gift of Dr. Wm. P. Jacocks ('09). They are made of ivory, buffalo horn, bone and brass and date no later than the eighteenth century. A garden variety of mustard plaster, made by Johnson and Johnson, sits in front of a second mortar, made of plaster of a different sort. Intriguing instructions recall to many a modern observer the tingling burn of this household remedy, finally routed by the advent of modern chemotherapy.

Mute testimony to the advances of modern surgery, bolstered as it is by an awareness of the germ theory and anti-infective agents like the sulfonamides and antibiotics, are the bright amputating knives which are here in the case from many sources. One formerly belonged to the great Virginia surgeon, Dr. James Cabell, who used it about 1860. Another knife was owned by Dr. Wm. G. Christian, Professor of Anatomy at the University of Virginia Medical School, under whom Dr. Bullitt worked for five years. Nearby is a microscope stand which would make a modern student tremble for its immobility and inaccuracy.



*Surgeon's case brought to Raleigh by General Sherman.*

Perhaps the most fascinating item in the entire exhibit is a round glass disc with handle, resembling a common magnifying glass although much larger. A brilliant emerald green on one side, it is sapphire blue on the other. Recommended uses were for the removal of warts and moles by burning (concentrating the sun's rays), and with care it was commended for the cure of cancer in much the same way—all this long before the day of the electric needle or the use of the radio-active isotope to trace the fearful scattering of cancerous cells throughout the body.

On the bottom shelf are balances used during the 1880s for the compounding of medicines by Dr. W. H. Whitehead and Dr. Henry B. Marriott. The medicine case in the center was the property of Dr. W. P. Mercer, who was graduated from the Uni-

versity of Virginia School of Medicine in 1878 and practiced thereafter in Edgecombe County, North Carolina, until his death in 1919. Near Dr. Mercer's case is an instrument almost ageless in design, useful either as a tongue depressor or an examining speculum. "Sounds," strange terminology to the layman, identify the bright steel instruments used for urethral and gynecological examinations. The bright finish on these indicates the care with which they were cleaned and kept back in the days when sterilization of instruments and scrubbing for operations were rare. Such precautions, wholly routine today, were only beginning to be introduced following Sir Joseph Lister's late nineteenth century discovery of the value of antiseptic surgery.

The contents of this historical exhibit are a far cry from the instruments in the laboratories down the halls and around the corners in the present Medical School and different indeed from the equipment used in the splendid North Carolina Memorial Hospital. Today, one must walk far and fast indeed into the wide reaches of the Division of Health Affairs to cover all the vast provisions now made for the health of the modern patient fortunate enough to come under the care of the faculties and staff at the University of North Carolina.

## Teaching the Family Physician's Approach

*(Continued from Page 19)*

around the family physician approach—hopefully, a vital component of medical care of the future.

Finally, the author would like to emphasize that while the University of North Carolina has no special program for undergraduate training for general practice, we do have a special graduate program. Much discussion and effort has gone into the design of the two-year general practice training program we now offer. Part of our trouble in designing this program has come from the difficulty in getting agreement upon the sort of training the general physician, or, better, the family physician, of the future should have. Most of us agree that the family physician of the future should have a good grounding in internal medicine, special training in pediatrics, special experience in the emergency room and the outpatient department, and training in obstetrics if he is to practice "solo" in a small town or rural area.





## WITH THE FACULTY

### OBSTETRICS AND GYNECOLOGY

On October 4, Dr. Leonard Palumbo spoke to the Tri-County Medical Society in Johnson City, Tennessee, on "Carcinoma of the Vagina."

During October, Dr. Robert Ross addressed the Louisiana Academy of General Practice on "Intrapartum Obstetric Difficulties" and "Pelvic Malignancy" at their meeting in New Orleans.

Dr. Ross and Dr. Deborah Leary attended the annual fall meeting of the North Carolina Obstetrical and Gynecology Society in Philadelphia October 18 through 20. Dr. Ross is President of the group and Dr. Leary a newly-elected member.

On November 6-9, Dr. Charles E. Flowers, Jr. participated in round table discussions on "Obstetrical Anesthesia" and "Obstetrical Analgesia" at the annual meeting of the American College of Obstetricians and Gynecologists in Chicago, Ill.

From November 7 to 9, Dr. Robert Ross participated in round table discussions on "Menopause and Thereafter" and "Carcinoma In Situ" at the annual meeting of the American College of Obstetricians and Gynecologists in Chicago.

From Chicago, Dr. Ross attended the American Academy of General Practice meeting in Kansas City, Missouri where he presented a paper on "Diagnostic Gynecological Office Procedures."

### PSYCHIATRY

Dr. David R. Hawkins, Assistant Professor of Psychiatry, presented a paper, "Subjective Effects of Drugs in Man: An Experiment in Teaching," at the Medical Alumni Meeting of the University of Rochester School of Medicine and Dentistry in Rochester, New York, on October 5th.

Dr. George C. Ham, Chairman, Department of Psychiatry, attended the meetings of the Selection Committee for Senior Research Fellowships of the National Institutes of Health. This Committee reviews grant requests from all parts of the country for Senior Research Fellowships. Dr. Ham also attended the meetings of the Committee on Medical Education of the American Psychiatric Association in Washington, D. C.

Dr. Ham, Dr. Lucie Jessner, Dr. Tom Curtis and Dr. David Young of the Department of Psychiatry attended the meetings of the Group for the Advancement of Psychiatry on November 8th, 9th, 10th and 11th. Dr. Ham served on the Committee on Medical Education, Dr. Jessner on the Committee on Research, and Dr. Curtis and Dr. Young, who was chairman, on the Committee on Psychiatric Nursing.

Dr. Eugene A. Hargrove, Assistant Professor of Psychiatry, presented a paper at the meeting of the Association of American Medical Colleges in Colorado Springs entitled, "Multidisciplinary Teaching in Human Ecology in the First Year Medical Class." The

paper is co-authored by Dr. George C. Ham, Dr. William H. Fleming, Chairman, Department of Preventive Medicine, and Dr. Hargrove.

## **PEDIATRICS**

Approximately seventy invited participants from the United States, Canada and England attended the twenty-third Ross Laboratories Conference which was held in Chapel Hill and Durham on November 7, 8, and 9. The conference was held under the auspices of the Department of Pediatrics of the UNC School of Medicine, Duke University School of Medicine, and Bowman Gray School of Medicine. The topic was "Etiologic Factors in Mental Retardation."

On November 16, Dr. Nelson K. Ordway, Professor of Pediatrics, spoke on "Inferences from Analysis of Arterial Blood in Congenital Heart Disease" at the meeting of the North Carolina Pediatric Society in Greensboro. On November 17, Dr. Robert W. Winters spoke to the group on "Metabolic Disturbances in Salicylate Intoxication in the Infant and Child."

Dr. Ordway also spoke on "The Cause and Control of Diarrhea in Infancy and Childhood" at the meeting of the American Academy of General Practice in Salisbury on November 18.

Drs. Judson J. Van Wyk, Edward C. Curnen, and R. Beverly Raney have been awarded a research grant by the Easter Seal Foundation in the amount of \$14,775. The grant is to study osteoporosis.

## **MEDICINE**

Dr. Louis G. Welt, Associate Professor of Medicine spoke on the subject of "Obesity—Metabolic Considerations" before the North Carolina Academy of General Practice meeting on October 9 in Raleigh.

Dr. Ernest Craig, Associate Professor of Medicine, gave a talk on "Phonocardiographic Studies in Mitral Stenosis" before a meeting of the American Clinical Climatological Association at Skytop, Pennsylvania on November 3.

Dr. John T. Sessions, Assistant Professor of Medicine, presented a paper on "Potassium Depletion with Renal and Neuromuscular Dysfunction Resulting from Habitual Use of Laxatives" before the Southern Medical Association meeting in Washington, D. C. from November 12 through 15.

Dr. John Dewey Dorsett of the Department of Medicine of the UNC School of Medicine recently presented a paper before the Annual Scientific Sessions of the American Heart Association meeting in Cincinnati, Ohio. The title of the paper was "A Critical Evaluation of Drug Therapy in Hypertension." The paper was prepared by Dr. Dorsett, Dr. James E. Woods, Dr. Kerr White.

Dr. Leon Polk Andrews spoke on the subject of "Disease of Connective Tissue" before the Eastern Carolina Medical and Dental and Pharmaceutical Society on October 25, meeting in Ahoskie.

Dr. Joseph Hitch prepared an exhibit on "The Uses of Liquified Gases in the Treatment of Skin Disorders" before the Southern Medical Association meeting in Washington, D. C. from November 12 through 15. Dr. Hitch also participated on a panel which discussed "Dermato-pathologic Seminar" and discussed a paper on tranquilizing drugs in dermatology.

## **OCCUPATIONAL HEALTH**

An announcement has been made that the Fourth Annual Seminar on Occupational Health will be held at the School of Medicine on February 21 and 22.



## POSTGRADUATE NOTES

Dr. William P. Richardson, Assistant Dean for Continuation Education, has announced plans for postgraduate medical courses in the First District and Greenville for January, February, and March.

The First District program will meet alternately in Ahoskie, Edenton, and Elizabeth City on Wednesday

afternoons and evenings beginning January 23. Dr. L. P. Williams is chairman of the planning committee.

The Greenville program will meet at the Greenville Golf and Country Club on Thursday afternoons and evenings beginning on January 23. Dr. John L. Watters is chairman of the planning committee for the meetings.



## STUDENT ACTIVITIES

### FIRST YEAR CLASS

Former U.N.C. students compose almost 70% of the first-year class. Of the 66 new students, 21 come from 9 other schools. Davidson leads the list with 10 members. Duke follows with 3. Guilford, Harvard, Meredith, Wake Forest, Tennessee State University, Presbyterian College and the University of California each are represented by one person. Only 13 members of the class are married. Practically all of the class are native Tar Heels. New York, Georgia, Ohio and West Virginia are the other four states represented.

Class officers recently elected are: Bill Gibson, President; Pat Eldridge, Vice-President; Elizabeth Vance, Sec-

retary; and Bert Veazy, Treasurer. Athletic managers are Charles Fitzgerald and Bill Morris. Plans for the future include a class party to be held before Christmas. During orientation the class enjoyed a get-together with the faculty over barbecue and beer.

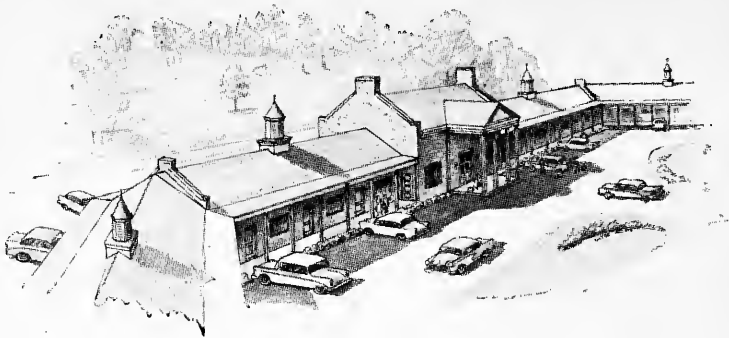
Elizabeth Vance  
'60

### FOURTH YEAR CLASS

Mr. and Mrs. Bill Cornell have just had a new baby.

Irwin Edward Vinnik of Raleigh plans to be married in the near future.

Jim Fresh gave a talk before the Ob-Gyn Travel Club of the Medical College of Virginia when the UNC Department of Ob-Gyn served as host for a one-day meeting recently.



## UNIVERSITY MOTEL

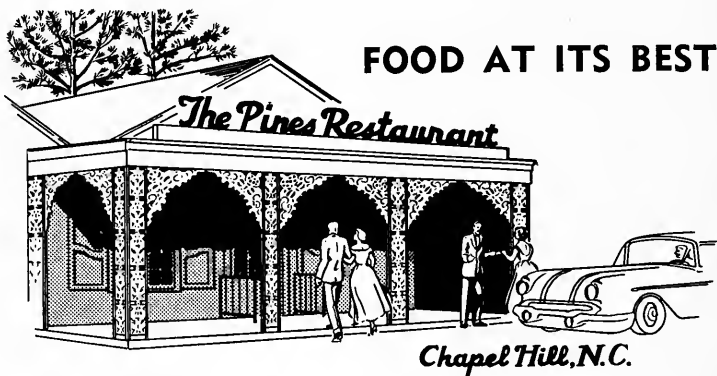
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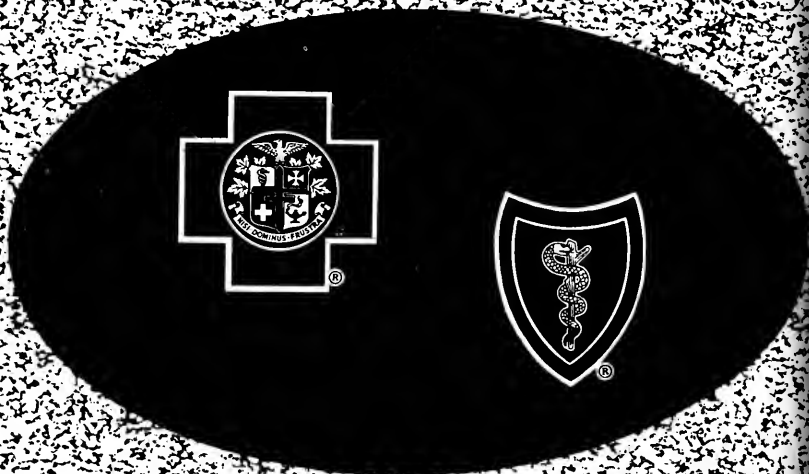
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# *The* BULLETIN

OF THE UNIVERSITY OF NORTH CAROLINA SCHOOL OF MEDICINE

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February, 1957

No. 3

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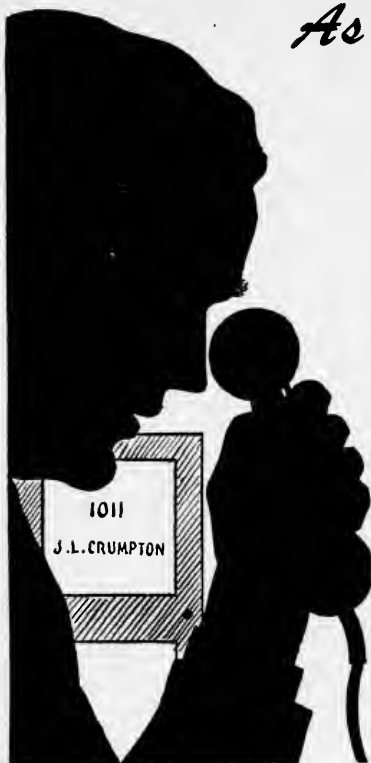
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Vol. IV

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COVER PICTURE—Dr. W. H. Kibler, ('07), *General Practitioner of the Year of the North Carolina Medical Society* is shown on his rounds in Morganton. He is examining a child under difficult conditions while police chief J. Alex Conley looks on.

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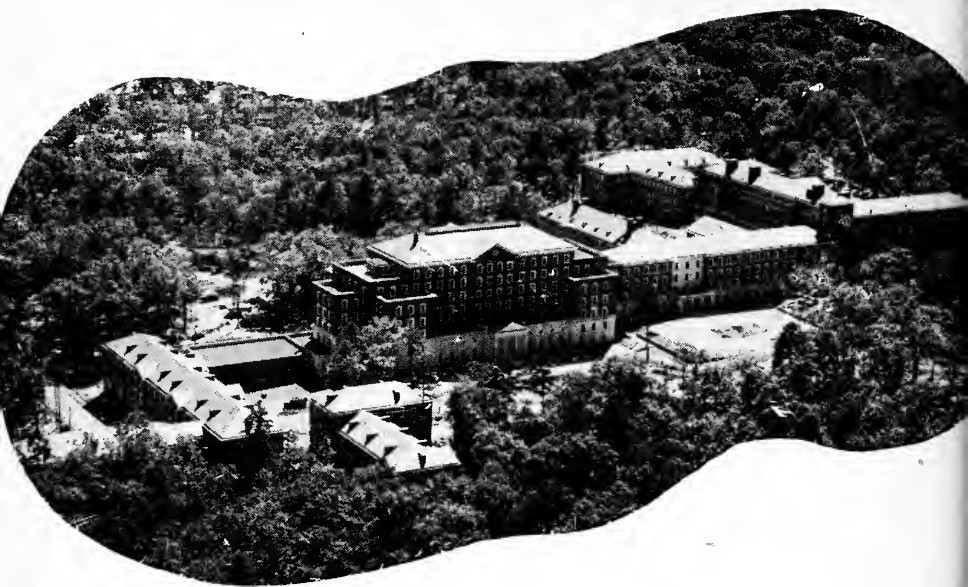
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# *A Message from the Dean*

To the Alumni, Parents of Present and  
Former Students, and Friends of the School of Medicine

## *An Opportunity and a Responsibility*

In the December number of The Bulletin, attention was called to the importance of the appropriation from the General Assembly of 1957 in determining the future growth and development of the School of Medicine and the North Carolina Memorial Hospital as a medical center. Alumni and friends were requested to work actively with their Representatives and Senators for increased support of the University's budget requests.

As this is written, on the eve of the convening of the General Assembly, no information is available as to the recommendations of the Governor and the Advisory Budget Commission with respect to the amount of the appropriations for the University, the Division of Health Affairs or, specifically, the Medical School and Hospital. It is hoped that the alumni and friends of the University throughout the state will support to the fullest the entire appropriation request made by the Board of Higher Education for the University and the Division of Health Affairs which was a substantial reduction from the requests originally approved by the Administration and Trustees of the University to meet well documented needs of all divisions of the University. The need for higher faculty salaries, larger staff, more adequate library support, and research funds is well documented and is indeed critical.

In order that your support may be more effective, we present the following information in regard to the amount of the appropriations requested and the needs and opportunities these funds are designed to meet.

### A. The Division of Health Affairs

Appropriations by the state for this year,	Board of Higher Education's recommendations to the Advisory Budget Commission	
1956-57	1957-58	1958-59
\$1,672,644	\$2,118,277	\$2,118,277

These figures represent the totals for the Division office and the Schools of Dentistry, Nursing, Pharmacy, Public Health and Medicine. The specific requests for the School of Medicine, which are included in these totals, and the hospital requests are given below.

### B. The School of Medicine

Appropriations by the state for this year,	Board of Higher Education's recommendations to the Advisory Budget Commission	
1956-57	1957-58	1958-59
\$738,795	\$864,198	\$857,121

It should be pointed out that at present the state appropriation provides only about 40 per cent of the Hospital budget and 35 per cent of the Medical School budget. During the biennium 1955-57 the appropriation from the state

has not been sufficient to provide the expansion of teaching and patient care services demanded by the growth of the institution.

The increased appropriation from the state is essential for:

(1) Salary increases to hold and to recruit faculty. This is necessary for the entire faculty, and is a particularly acute problem in the Basic Science Departments.

(2) Additional faculty to meet the increasing demands of teaching (undergraduates, graduates and continuation education) and patient care. There are still specialties in the clinical departments covered by part-time staff who, while extremely capable and devoted, nevertheless do not have the time for the demands of this institution. There are specialties, also, in which the teaching and patient care for four years now have been handled by one man. Additional staff must be recruited for any further growth in these areas.

The General Assembly of 1955 provided funds sufficient for only one additional faculty member and to help stabilize the salaries of two others who were being paid in part from teaching and research grant funds which were expiring. Actually, therefore, the expansion provided in the request submitted to the 1957 General Assembly represents the needs—and only the most urgent needs—of a *four* year period, 1955-1959, and not just a single biennium. *It is most important not to lose sight of this fact.*

(3) Initiating new teaching programs for which, up to this time, the state appropriations have been insufficient to provide either personnel or equipment needed to get them under way. In each case the need for these essential auxiliary medical personnel is acute in hospitals throughout the state, and the University Medical School has a responsibility to train them.

- (a) Medical technicians
- (b) Physical therapists
- (c) Graduate program (Residencies) in Laboratory Medicine
- (d) A small sum of money to help support the extensive Continuation Education program for the physicians of the state which has been carried on for 40 years with no financial support from the State Legislature.

(4) A modest increase for scientific supplies, equipment, for the Medical Library, and for travel funds for the faculty to attend scientific meetings.

#### C. The North Carolina Memorial Hospital

Appropriations by the state for this year,	Board of Higher Education's recommendations to the Advisory Budget Commission	
1956-57	1957-58	1958-59
\$888,305	\$1,332,462	\$1,332,462

For the main hospital the state appropriation for the present biennium has been less than that for the previous biennium. This has made it impossible to expand its services in education, patient care and research as has been planned and hoped. Nevertheless, steady progress has been made in the number of patients in all classes and from all parts of the state who have been served, and in the undergraduate and graduate teaching carried on. Currently it is running at 80+ per cent capacity, but this is being done at a considerable sacrifice in terms of a very badly overworked staff in all departments.



The requested increased appropriations are essential to provide:

(1) Additional personnel in the hospital

(a) To carry effectively the present work load, and to operate at full capacity 6 days a week in operating rooms, laboratories and many other areas.

(b) To open 56 additional beds, providing a 19 per cent increase in capacity.

With these needs adequately met the hospital could possibly provide a 30 per cent increase annually in services to the state.

(2) Salary increases for hospital employees because many of our salaries are below the levels in the competing institutions, and adequate staffing is a growing problem.

(3) Supplies and equipment. In September, 1957, the hospital will have been in operation 5 years. During this period very limited funds have been available for additional new equipment or for replacing that which has become obsolete, especially in the X-ray Department. These items are essential to provide the diagnostic and treatment services expected of patients in this hospital.

D. The Psychiatric Pavilion

Appropriations by the state for this year, 1956-57	Board of Higher Education's recommendations to the Advisory Budget Commission 1957-58	1958-59
\$341,934	\$437,338	\$437,338

The appropriation for this part of the Medical Center is actually a joint undertaking and is sponsored by the State Hospital Board of Control and the University because of its invaluable services to the State Mental Hospitals. Its budget therefore includes a substantial cost increase for professional personnel *who serve the State Hospitals as well as the University*. This fact is not always readily understood by those who examine budgets critically.

The appropriation request includes funds for salary increases, additional hospital and professional staff to open the one remaining unopened ward, raising the capacity to its full 72 beds, and for increased educational and other services to the several mental hospitals of the state.

This is a critical time in the development of the University's Medical Center. It is our judgment that in large measure its longtime as well as its immediate future will depend upon the financial support provided by the General Assembly of 1957 for the next two years. It is essential that the quantity of that support be considerably increased over that presently provided if the Medical School and the Hospital are to grow and develop the potentialities in medical education, research and patient care for the state that exist here already, and which the staff so earnestly wishes to provide.

In previous articles mention has been made of the importance to medical education of the large and generous grants of approximately \$100,000,000 made to privately endowed medical schools during the past year or more by the Ford Foundation and the Commonwealth Fund, not to mention the Ford Foundation Grants to the privately supported or endowed hospitals associated with these schools. We rejoice that our friends have received these large funds to support and improve their educational programs and facilities.

It should be emphasized that as a result of these grants, unless public support is very materially increased for the state university medical schools and hospitals, these institutions will soon be unable to compete in faculty or facilities, and accordingly their opportunities to fulfill their obligations to the state will be restricted.

As an alumnus of the University of North Carolina, as a parent of a present or former medical student, or as a friend, you have both an obligation and an opportunity to render an invaluable service to this institution during the present General Assembly. What the school and hospital have done and are doing for the state, what they will do if provided with more adequate funds to meet expanding needs, you can present to your Representatives and Senators over and over again in the coming months more effectively and with greater likelihood of success than can we at Chapel Hill—although we will do our utmost too.

We are extremely grateful for your interest and support in the past. We most earnestly hope for and expect this during the next few months.

Cordially,

W. Reece Berryhill, M.D.  
Dean



If fairies lived and one should visit me,  
A favor ask, I'll grant it thee.  
Think you I'd ask the boon craved by my brother,  
That I should see myself as I am seen by others.  
Ah, no, this would I ask the little elf;  
Let others see me as I see myself.

—Written in 1895 at Washington and Lee University  
by William Gordon, college classmate of Dr. James  
B. Bullitt, Prof. of Pathology, Emeritus, University  
of North Carolina School of Medicine.

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**a la carte**

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# Impressions of Denmark

BY GEORGE PHILIP MANIRE, Ph.D.\*

During 1956 I had the opportunity to work for eleven months in Denmark as a Fulbright research scholar. This very useful and enlightened program was first sponsored about ten years ago by the senator from Arkansas whose name it bears, and it provides for a very valuable exchange of scholars from various lands. The program is financed by the host countries from funds derived from the sale of U.S. surplus property, etc. All payments are made in the currency of the host country and no U. S. currency is available. Many countries friendly to the United States participate, with about 45 American grantees being in Denmark during the academic year 1955-56. This included 10 or 12 senior scholars of professorial status and 30-35 graduate students. Their activities ranged from anthropological investigations of the Greenland Eskimos to techniques in home economics teaching; from studies on nuclear chemistry at Dr. Niels Bohr's institute to the philosophy of Georg Brandes. The United States Educational Foundation in Denmark, which administers this program, also awarded travel funds to 40-50 Danish scholars which allowed them to accept opportunities for lecturing, research or study in the United States. There is practically unanimous agreement among former grantees that the program is highly successful in bringing together scholars from different lands and in increasing our understanding of one another in this world of ever closer contact and association. The program should certainly be continued, and expanded, indefinitely, even though the original source of funds becomes exhausted. It is my own opinion that our school should not only give permission, but should actively encourage its staff members to take advantage of these opportunities.

Denmark is a beautiful, modern and prosperous country with a highly literate and intelligent people who have marked linguistic abilities. In size Denmark is about one-third as large as North Carolina and the population of 4 million is about the same as this state. Over one-fourth of all Danes live in the capital city,

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\*Dr. Manire, Associate Professor of Bacteriology in the School of Medicine of the University of North Carolina, was absent on leave January 1, 1956 to December 31, 1956.

Copenhagen, or its suburbs. The country is flat and largely without forest, and agriculture is its principal resource as it is without oil, coal, or mineral deposits. The whole country is well supplied with an excellent highway system without billboards to mar the countryside. The caliber of all activities is very high and one is immediately impressed with the beauty and productivity of the farmland. All farmers apparently are intensely aware of and interested in agricultural research and speed each new development into practice. Yields of small grain, hay crops, and sugar beets are prodigious. The backbone of the farm economy is the export of poultry, dairy and pork products, for which the country is famous. Cooperative organizations are extraordinarily strong and now control much of the marketing of these products. Much expenditure of research activity and money for protection and further development of these products is evident.

The city of Copenhagen and its suburbs constitute a beautiful metropolis with a very large park system, fine museums, modern hospitals and other public buildings. It is a huge and busy center of shipping and air travel. It is also the home of the University of Copenhagen, founded in 1479 and the center of academic activities in Denmark. The university is composed of the faculties of Medicine, Law, Theology, Economics, Arts, and Science. Tuition is free in all schools and students may get room and board at very low rates. Those who matriculate in the university are well selected and highly trained persons. They must have completed a schooling consisting of 5 years in the elementary schools, 4 years in the "middle" school and 3 years in the gymnasium with progress from one school to another depending on



*From the story by Hans Christian Andersen, "The Little Mermaid" has become the modern symbol of Copenhagen.*

success in examinations. One enters the medical school directly without further selection and receiving his premedical as well as preclinical training from the faculty of medicine. There is no exact length of the course, with majority of the students taking 7-8 years, being 2-3 in premedical; 2-3 preclinical; and 2 years in clinical. Following this he is required to have 1 year's intern-

ship and may have further postgraduate work as here. Upon completion of the medical course, he receives the degree of *Candidatus Medicinae* and the title "Læge" which means physician. The Doctor of Medicine degree in Denmark is a research degree and is reserved for those who spend an additional period of several years doing basic or clinical research and write a dissertation which must be publicly defended. The final examination for such a degree is a public occasion of great dignity, with experts from other countries appearing as "opponents" and with everyone wearing formal attire. The conclusion of the examination is celebrated with a huge and typically Danish dinner party. Newspaper reporters attend the examinations and the papers carry lengthy reports on the subject and the performance of the candidate.

As would be expected in a country where cooperatives play such a role and where social legislation assumes great importance, a plan for compulsory health insurance is in effect. All persons between 21 and 60 years of age must be members of an approved insurance plan which provides not only hospital and medical services but also disability payment during illness, maternity aid, and funeral expenses. One cannot be an active member if his income exceeds that of a skilled worker, but those above this level also subscribe because only by this membership can one be eligible for old age pensions. They may also become active participants in case their income falls below the limit. Most such people also join a health insurance society which receives no state subsidy and is straight insurance.

Almost all of the hospitals are municipal or state institutions, paying the staff a salary and charging patients a very small fee for hospital and medical care. This seldom exceeds \$1.00 per day for ward patients. There are many physicians in private practice and they receive a fixed fee from the societies for each patient they have. A number of excellent and prosperous private clinics and hospitals also exist.

There is much emphasis on research in the university and in other laboratories. The government provides considerable money for this, with another source of importance being private foundations. The most important of these is the Carlsberg Foundation, which annually distributes very large sums of money to support the Carlsberg Laboratories (biochemistry, physiology, etc.), various university science laboratories, as well as the great art



*The new virus laboratory which was recently opened at the Statens Seruminstitut.*

museums and historical monuments. This foundation is the owner and operator of the great Carlsberg Brewery, the success of which can be understood by sampling the product.

In bacteriology and infectious disease, the principal activities in Denmark are centered in the Statens Seruminstitut. This is a government laboratory first opened in 1902 for the production of diphtheria antitoxin. It has grown into a very large and famous establishment with three functions: (1) it produces all of the antisera, vaccines, and diagnostic materials used in the study and control of infectious diseases in Denmark; (2) it serves as the central reference service laboratory for the hospitals in the whole eastern area of the country and; (3) its members conduct research in areas of particular interests or importance in Denmark. The departments of the institute cover the principal areas of infectious diseases and in recent years the World Health Organization has established its Standards Laboratory and its International Tuberculosis Control Laboratory there. Virus work at the Institute was begun actively about 15 years ago when influenza vaccine studies under Dr. Preben von Magnus were begun, although smallpox vaccine had been produced for many years at that time. The laboratory is now an established research center for influenza and is one of the reference laboratories for the WHO. More recently the Institute has become the European center for polio-

myelitis work, this being directed by Dr. Herdis von Magnus. Using the Salk technique with added safety features, vaccine was produced and used without difficulty in 1955 and 1956 with over 50% of the whole Danish population now vaccinated.

The Influenza Department of the Institute has become known due to the fundamental studies on the nature of the reproductive process of influenza virus. Work by Preben von Magnus a number of years ago demonstrated that under certain altered conditions so-called "incomplete" virus could be produced. These particles retain some characteristics of mature particles, such as complement fixing and hemagglutinating abilities, but are non-infectious. They have been shown to be newly produced, are not degenerated virus particles, and differ in some chemical and physical, as well as biological, characteristics from normal virus.

During the past year I was able to study, in this laboratory, the toxicity of such virus preparations as well as other related problems. Influenza and other virus preparations are toxic for mice when given in high concentration and can be shown to cause death prior to or without virus proliferation. It has not been possible, however, to prepare toxic suspensions from non-infectious virus. In our studies it was demonstrated that this relationship was true, but the toxicity and infectivity of various preparations varied independently within certain limits and may well be due to two components of the virus. An interference phenomenon with these viruses was also demonstrated in which the prior injection of subtoxic doses of homologous or heterologous influenza virus protected against subsequent toxic doses of virus. Studies on these phenomena are of importance to an understanding of mechanisms of tissue damage by virus and mechanisms of virus reproduction. These studies are to be continued and extended in our laboratories at the University of North Carolina.

# Aequanimitas<sup>1</sup>

BY FREDERICK C. WELLMAN, M.D.\*

The ataraxic age began  
Somewhere with prehistoric man;  
C<sub>2</sub>H<sub>5</sub>OH, I think,  
Was first, as a consoling drink.  
And, as I read through ancient lore,  
Such tranquilizers, more and more  
Leap from the Latin page and Greek—  
Oh, lost solace that man must seek!  
First, Theriac<sup>2</sup> was said to keep  
One "calm and healthy and bring sleep."  
And there was Vervain,<sup>3</sup> said to cheer  
"Discouraged souls and remove fear,"  
And win strong friends and influence<sup>4</sup>  
Those who help you to eminence.  
And Radishes<sup>5</sup> gave patience when

1. Pace Sir William Osler (1849-1920). Sir William not only loved medieval writings but also had a healthy sense of humor; so he wouldn't mind my stealing his favorite motto for the title of this ironical little jingle.

2. Theriac. Galen (A.D. 131-201) wrote two treatises on it. It was "A mixture of about 70 drugs reduced with honey to an electuary," and widely believed "to keep a man in good health and calm." The imperturbable emperor Marcus Aurelius took a dose daily.

3. Vervain. *Verbena officinalis*. Pliny (A.D. 23-79) and Galen both recommend it. Said to cheer the discouraged and help one to "gain one's desires."

4. Cf. the works of the late Dale Carnegie! For Vervain was also said to enable one to "win the friendship of powerful people."

5. Radishes. *Raphanus sativus*. The Anglo-Saxon Leech-Book of Bald and Cild (date ?) says, "Against a woman's chatter taste at night, fasting, a root of radish."

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\*Dr. Wellman has taught in several of our universities and lectured to numerous others both here and abroad. Now in his 87th year, he is retired and living in Chapel Hill.



The patient was a married man.  
 Phlebotomy<sup>6</sup> would purge the brain,  
 Remove anxiety and strain,  
 Check tears and quietude sustain.  
 With Heliotrope<sup>7</sup> for happiness  
 And optimistic friendliness.  
 And Mandrake<sup>8</sup> was a certain cure  
 For neuroses the most obscure.<sup>9</sup>  
 Then Jewelry<sup>10</sup> would straighten out  
 A stubborn case of tears and pout.  
 And I could cite a hundred more,  
 But I don't want to be a bore.  
 The pacifiers of today:  
 Of them just what is there to say?<sup>11</sup>



"taste at night . . . a root of radish"



" . . . a stubborn  
 case of tears and  
 pout"

There's Miltown, Atarax, Frenquel,  
 And Rau-Sed, Rauval, Equanil,  
 And Sedamyl and Thorazine,  
 And Serpasil and Raudixin  
 And probably a dozen other  
 Brands, if I should care to bother  
 Wasting time on every ad.  
 I see they're already a fad  
 In Hollywood and New York City<sup>12</sup>  
 And I consider it a pity  
 That patients think we should begin  
 To deal them out like aspirin.  
 Of course they're handy, but they're new;  
 So let's not lose our point of view  
 Which (I don't want to sound dogmatic)  
 Should still remain psychosomatic.

6. *Phlebotomy*. Rationum observationis vestre pietati secundum precepta doctorum medicinalis, etc. (*Anonymous 12th cent. MS.*). The claims are: "purges the brain, checks tears, enriches sleep, removes anxiety."

7. *Heliotrope*. Heliotropium sp. (Our common cultivated species is *H. peruvianum*). Liber aggregationum sive secretorum de virtutibus herbarum, etc. (*Ascribed, ascription doubtful, to Albertus Magnus, 1193-1280*). This MS says *heliotrope* is soothing, even if only worn by patient. "The bearer of it will be addressed with none but friendly words, etc." Vide note 4 supra!

8. *Mandrake*. Mandragora officinarum. Hildegard of Bingen

(1098-1179) *et al.* recommend its use combined with camphor, *Cinnamomum camphorata* (not  $C_{10}H_{16}HCL!$ ), "if a man is sad" or in the dumps.

9. Due modesty constrains the author at this point to note that the present somewhat festive piece of doggerel was written to amuse his colleagues in hospital and private practice of medicine and surgery and was not particularly aimed at recent drug therapy in psychiatry, concerning which he knows little.

10. Jewelry. Marbod (1035-1123), "Enormous virtue is given to herbs, but the greatest to gems." Gems heal quarrels and contentions, cure the insane, are "good for peace-making and reconciliation and endear a wife to her husband." Cf. also Vincent of Beauvais' *Speculum Naturale* (circa 1250). He quotes various authors, from Pliny down to Thomas of Cantimpre (A.D. 1210-1293).

11. "Ataraxics" is not a happily chosen term. The Greek words ἄταρᾱκτέω (apud Epicurus), ἄτάρᾱκτος (Xenophon, Hipparchus, Plato) ἄταρᾱξία (Plutarch), ἄτάρᾱχος (Aristotle), etc., all refer to composure, absence of passion, coolness, etc., of a calm undisturbed nature.

12. Examples: a New Yorker cartoon showing a vending machine where a coin can be inserted and tranquilizing pills be received: an AP report from the Moscow press in re tranquilizer pills, "The calmest of all," said several Moscow papers, "were those who made millions producing the pills": a recent book of humor by S. J. Perelman entitled "The Road to Miltown": in a recent Sunday New York Times, an article about tranquilizers for dogs—" 'Happy Pills' Have Been Developed for Today's Dour Dog": an article entitled "Happiness Doesn't Come in Pills," in the January issue of Reader's Digest, etc., etc., etc.



"Happy Pills . . . for today's dour dog . . ."

# A Doctor's Experience in the High Andes

BY JAMES PRICE, M.D.\*

In the early Spring of 1921, having completed the course of House Officer in Surgery at Peter Bent Brigham Hospital in Boston, I accepted a job offered by the Guggenheims as surgeon for their immense tin properties in the high Andes.

What was to have been a six-months' stay in an unknown land turned into seventeen years of living in the sky-high altitudes of Bolivia with enough excitement to last a lifetime.

The following excerpt has been taken from "Time of My Life," an autobiography of the author's South American experiences.

## JIM GRAVES

One of the hardest workers on the Caracoles tin property was Jim Graves. Having little or no formal education, he had come down in the early days as a general mechanic on a modest salary. Working his way through the mining camps of the West, from Arizona to Montana, he could tell many a hair-raising story of his experiences among those hard-living miners. His capacity for getting a job done, coupled with a keen mind, resulted in his becoming a clever, practical mechanic. Whether it was mining mechanism, mill or tramway machinery, or an automobile engine, Jim could repair it with equal skill. Never having had a job of any importance back in the states, his earnings were small until he came to Caracoles. Here he developed into an important member of the organization, and Mr. Graham (the Manager) saw to it that he was compensated accordingly. He pushed his men and got all the work possible out of them, but at the same time, he always played fair. He had a mercurial Irish temper, and would often lose patience with the natives mostly because he could never learn to speak Spanish, and his communications were confined to words and phrases without any verbs, and without any connection. It was pure comedy to listen to his talk to one of his workmen over the telephone. The conversation would begin in a quiet, confidential manner. The man at the other end could not tell what he was driving at, and as the labored dialogue progressed, Jim's voice would get louder as his temper rose, the helpless workman at the other end understanding less and less. Finally, he would be in a terrible state, and the tirade would invariably end with him screaming: "You damned fool, you don't even understand your own language!" Nevertheless, with a world of energy, he always got the work done.

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\*Dr. Price, class of 1917, is in private practice in General Surgery in Jackson Heights, New York City.

The highest aerial tramway in the world connecting the mine and mill was finally completed, and Jim was put in charge. One night there was an accident at the mine and I had to get up there as soon as possible. To go up on a mule would take three or four hours. I determined to ride one of the buckets up to the mine although no one had ridden in them as yet. I called Jim Graves.

"Jim, there's been an accident at the mine, and I must get up there as soon as possible. I must go up in one of the buckets."



*Buckets suspended from cables on the highest tramway in the world. In the area is Pacnui Pass which has an elevation of 16,100 feet.*

"I'm sorry, Doc," he said resolutely, "but I can't let you do that. I have strict orders from Mr. Graham not to let anyone ride the buckets, and I can't make any exceptions."

"Well, Jim, I am going to be the exception nevertheless. You can call and get permission from the Boss, or anything else you want to do, but I am going to ride the bucket. I will be up in about ten minutes." He knew I meant what I said, and when I got there, everything was ready. The bucket was large enough for a person of my size to squeeze down in it to avoid getting his head knocked off as the bucket passed the steel towers. I had no difficulty and no great discomfort, and in less than an hour I was at the mine.

After I'd broken the ice, everybody wanted to ride the buckets. It afforded an airplane view of the country. At one place, where the tramway crossed a canyon from one mountain peak to another on the opposite side, it was about a thousand feet from the ground. While riding the bucket one day in a severe blizzard, one of the towers was

pulled over, and the tramway stopped. I was stranded just beyond the highest part of the gulch, and had to scramble down on a rope, about two hundred feet, but I still kept hopping into the handy bucket whenever there was trouble at the mine.

One day a mine stope caved in, forming a chimney from one level to the next one below, about sixty feet long, dragging one of the workmen halfway down and almost burying him alive in the breakage. His groans could be heard from either side. Starbird, the Mine Superintendent, went down the chimney with another man to try and get him out. The more they dug around him, the more the loose dirt came down and covered him up. They worked for hours, but made no progress. I was waiting at the opening of the chimney, hoping to be able to save the man if they could get him out. After a long time, he stopped groaning. Starbird asked if I would come down to see if he were still alive. From the top of the chimney, I caught hold of a rope and started down. The chimney was only three or four feet wide, and every contact I made with the sides, more loose material would fall away. I realized the possibility of a complete cave-in, and the thought froze my blood. I managed to reach the victim, examined him, and found that he was already dead. Nothing more could be done, and I quickly suggested that we get out of that death trap as soon as possible.

Jim Graves' mechanical mind conceived the idea of building an ambulance which could be hooked onto the tramway line, bringing the accident and sick cases down from the mine much faster and with a lot more ease. We worked on it together, and the result was a long coffin-like box made of sheet iron with a hinged door opening from the side,



*The Sorting Plant.*

just large enough to allow a stretcher containing a man to be slipped into it. The contraption was then hooked on either end to the tramway cable. A patient could be brought out of the mine, hooked on the tramway, and be in Pongo all in one hour. This was an enormous saving of time as it brought Caracoles almost three hours closer to Pongo. The device caught the imagination of many people who visited the mine, and it was once written up in the Engineering and Mining Journal, where a photograph was shown of the ambulance in action.

Jim Graves' star was still rising with the Manager. The Company had taken over a placer proposition in the riverbed below Potosi. The Potosi Hill had already been mined by the Spaniards for hundreds of years, and it is said they produced more than a billion ounces of silver. Now, for the last thirty or forty years, the product was tin, of which a large amount had also been taken. The place was justifiably called Cerro Rico.

With the mining, the dumps, and constant erosion, the ground-up tin had flowed down the steep riverbed, and where the stream slowed down about ten miles below Potosi, there was a wide area of riverbed where millions of tons of sand had been deposited. Examination of this deposit had shown that it was rich enough to work profitably, and so the Guggenheims acquired this property. A camp had to be built, with a hydro-electric power house and a dredge to concentrate the ore. Mr. Graham elected Jim Graves to look after this construction, and he was promptly sent to this new property which was called Aroifilla.

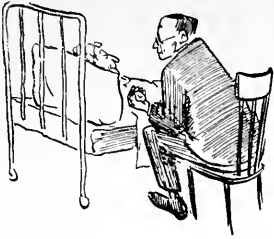
I suppose Jim had been working hell-bent to get the place functioning as soon as possible, because after he had been there for a few weeks, a telegram informed us that he had suffered a 'stroke.' Jim Graves, that dynamo of energy, never recovered the use of his limbs, and was an invalid the rest of his life. Fortunately, it was not to last many more years.

## MEDICAL ALUMNI DAY IS APRIL 18

The 4th ANNUAL PROGRAM IN GENERAL MEDICINE sponsored by the UNC School of Medicine will be held April 16 and 17.

BE SURE TO MARK THESE DATES ON  
YOUR CALENDAR  
AND PLAN NOW TO ATTEND

It is hoped that a number of classes will plan annual reunions as they did last year. The officers of the Alumni Association are giving thought to working out dates of regular reunions to be presented at the next meeting of the Medical Alumni Association.



## ALUMNI NOTES

In an effort to get news of alumni activities, GEORGE L. CARRINGTON ('18) of the BULLETIN Editorial Committee wrote to all members of the classes of 1916, 1917, 1918, 1919, and 1920 requesting information. We were pleased to have the following replies:

### Class of 1916

JAMES HAWFIELD, The Connecticut, 1150 Connecticut Ave., Washington 6, D. C.

"After leaving Chapel Hill I graduated at Jefferson Medical College in 1918. I was in the enlisted Medical Reserve Corps but did not see active service. I spent one year as an intern in Episcopal Hospital in Philadelphia and then served two years as Chief Resident Physician. Following my hospital training I came to the District of Columbia August 1, 1921, and since then I have been in General Practice (35 years).

"In connection with my General Practice I have done Surgery and Obstetrics. I am a Fellow of the American College of Surgeons, a Member of the District of Columbia Medical Society, the American Medical Association, and the Southern Medical Association.

"Since 1945 I have been interested in farming in King George County, Virginia, and together with this I have engaged in golf and hunting as forms of recreation.

"I married Ann Neville Watson in 1928, have two sons and one daughter,

all of whom went to the University of North Carolina.

"In order not to be boring I wish to sign off with an expression of great appreciation of all the University has done for me."

CORA Z. CORPENING, 200 Bayne Building, Virginia Beach, Virginia.

"A native North Carolinian, I was the first woman to enter the Medical School of the University of North Carolina in the fall of 1914, and was the second woman to graduate from the Medical School of Tulane University, class of 1918. I was the only woman in my class for the four years of medical training, and created a mild sensation as the first woman intern in Norfolk, Virginia, at the old St. Vincent's Hospital, now called De Paul.

"After internship I served five years as resident physician of Lakeview Hospital, Suffolk, Virginia, and three years as Superintendent of the Seaside Sanitarium, Virginia Beach, Virginia. For the past thirty years, I have been in general practice at Virginia Beach. During this time, I have had a course of study at the New York Postgraduate Medical School and a three months residency in Pediatrics at Bellevue Hospital, New York.

"In 1919, I married C. Wade Kornegay, wholesale distributor of Purol Products and an alumnus of the University of North Carolina. We have one daughter, Jane."

*As one of the pioneer women physicians of the south, Dr. Corpening is*

*listed in WHO'S WHO IN AMERICA.*

HUGH SMITH, 206 East North Street, Greenville, South Carolina.

"Leaving UNC in the spring of 1916, I completed my medicine at the University of Pennsylvania in 1918. On graduation, I entered the U.S. Naval Medical Reserve and was assigned to the Navy Hospital in Philadelphia and by them to the Episcopal Hospital at Front and Lehigh where I remained until discharge the following spring. Following that I did some general practice in Hartsville, South Carolina, and then graduate work with Dr. Vanderhoof at Richmond and back to Florence on the medical service of The McLeod Hospital. I located in Greenville, South Carolina, in the spring of 1922 and have practiced internal medicine here ever since. In World War II I served as chief of the medical service with several army hospitals, the longest time with the 231st Station Hospital in England during 1943 and 1944. Back to Greenville again in the fall of 1945 and in private practice ever since.

"In the fall of 1917, I married Marguerite Lawton of Hartsville, S. C. Three sons resulting: Charles A., II is Director of Ordinary Life Activities with the Liberty Insurance Company here; Hugh, Jr. took his A.B. and two years of medicine at UNC, his M.D. from University of Pennsylvania and is now in private practice in Fullerton, Calif. He also is in internal medicine and is a Diplomate of the American Board of Medicine and an Associate Fellow of the American College of Physicians. J. Lawton took his second year residency in ophthalmology at Johns Hopkins."

DOUGLAS L. CANNON, 515 W. Jeff Davis Avenue, P.O. Box 1788, Montgomery Ala.

"After the completion of my medi-

cal studies at Jefferson in 1919 and my internship at Hillman Hospital, Birmingham, Alabama, in 1920, I elected to make public health a career. At the end of twenty-two months in county health work, I engaged in a scholastic year's study at Johns Hopkins, receiving my Master's degree in Public Health therefrom. Returning to Alabama, I served as Director of County Health Work for thirty-three years, which position I relinquished in February of 1955 to become Health Officer of the City and County of Montgomery.

"I am Secretary-Treasurer of the Medical Association of the State of Alabama (and have been for thirty-three years) and Editor-in-Chief of its Journal."

WILLIAM M. COPPRIDGE, 1200 Broad Street, Durham, North Carolina.

"After graduating from Jefferson Medical College in 1918, I returned to Chapel Hill to become Assistant Professor of Bacteriology and Pathology at the Medical School and served from 1918 to 1919. I began practicing medicine in Durham in 1920. I served as pathologist at Watts Hospital until 1932 as well as Chief of the Department of Urology. My work at present is limited to urology and genito-urinary surgery.

"I married Ferrie Patterson Choate in 1919 and have two sons—Dr. A. J. Coppridge, Resident in Urology at the University of Michigan Hospital and James Wendell Ligon, nephew (adopted son), School of Business, Chapel Hill, Class of 1957."

JULIAN A. MOORE, 404 Flatiron Building, Asheville, North Carolina.

"A one year internship and one year of residency followed an M.D. from the University of Pennsylvania. I then went into private practice at Wilmington, N. C., where I practiced for five years. After a bout with pulmonary tuberculosis, I became



interested in surgery of the chest, went back to the University Graduate School and then to the University of Michigan where I studied under Dr. John Alexander.

"I received a Master's degree from the University of Pennsylvania in 1929. After that I returned to North Carolina and settled in Asheville and I have been here ever since. My practice has consisted of both Thoracic and General Surgery. When the new State Sanatorium was opened at Black Mountain, I was appointed Surgeon to the Western North Carolina Sanatorium and served until January, 1953. At present I am Consultant Surgeon to the U.S. Veterans Facility at Oteen, and am surgeon on the Staff of St. Joseph's Hospital and Memorial Mission Hospital of Western North Carolina. My practices still consist of General Surgery and Thoracic Surgery."

EUGENE P. PENDERGRASS, Hospital of the University of Pennsylvania, Philadelphia 4, Pa.

"I migrated to Philadelphia and received my Medical Degree from the University of Pennsylvania in 1918. Subsequently, I served a short period in the Navy flying back and forth between the United States and France in the U.S.S. Artemus. Following my discharge from the Navy, I returned to the University Hospital to complete my internship and subsequently accepted an appointment on the staff in radiology under the direction of Dr. Henry K. Pancoast. Dr. Pancoast was one of the world's great radiologists and it has been my privilege to inherit his department and I have been Professor of Radiology at the University of Pennsylvania since 1937."

LESLIE OGBURN STONE, 224 Rose Street, Rocky Mount, North Carolina.

"I was appointed Assistant Surgeon with the rank of Lieutenant (junior grade) in the U. S. Naval Reserve

Force on July 6, 1918. On December 20, 1920, I was transferred to the Medical Corps of the U. S. Navy and subsequently attained the rank of Rear Admiral.

"Since 1918 I have been at various stations in Asia and the U. S. During the war (1944-1946), I was Medical Officer in Command of the U. S. Naval Hospital at Pearl Harbor and more recently Commanding Officer, Naval Medical Center at Bethesda, Maryland."

*For "exceptionally meritorious" service in Hawaii, Admiral Stone was awarded the Legion of Merit. At present Dr. Stone is retired from the Navy and in practice of EENT in Rocky Mount, N. C.*

#### Class of 1917

JAMES V. PRICE, 35-33 83rd Street, Jackson Heights, L. I., New York.

"On leaving Chapel Hill in June, 1917, I spent the summer at Watts Hospital in Durham, N. C. conducting Studies on Acid Intoxication under Dr. MacNider. 1917 to 1919 were spent at Johns Hopkins University Medical School followed by a two-year internship in surgery at Peter Bent Brigham Hospital, Boston, Mass. From 1921 to 1931 I was Surgeon-in-Charge of Caracole Tin Company of Bolivia, a Guggenheim property in the high Andes. During this period I was allowed six months' vacation in 1927 for studies in Surgery in the Hospitals of Paris and Vienna.

"In 1931, I entered private practice in Surgery in La Paz, capital city of Bolivia, where I remained until 1938. From 1938 until the present I have been in private practice in General Surgery in Jackson Heights, New York City." (See Dr. Price's article in this issue.)

FRED C. HUBBARD, North Wilkesboro, North Carolina.

"On graduation from Jefferson

Medical College in 1919, I interned at Bryn Mawr Hospital. My residency was spent at Bryn Mawr Hospital and Carpenter-Davis Hospital, Statesville, N. C. I established Wilkes Hospital in North Wilkesboro, N. C., in April 1923.

"I have practiced surgery 100 per cent since 1923. Avocations: farming and golf."

*Dr. Hubbard has been President of the N. C. Hospital Association, the N. C. Medical Society, and he was a charter member of the N. C. Medical Care Commission. He has been President of the Wilkes YMCA, 1943 to date and is a past president of North Wilkesboro Kiwanis Club.*

N. C. RIDDLE, Darrington, Washington.

"It is with many misgivings that I shall attempt to enumerate my activities since the spring of '17 when with my little bundle of knowledge absorbed from Ike Manning, Billy MacNider, Charley Mangum, Cannon Ball Bullitt, and not to forget Froggie Wilson, I hied off to Jefferson to sit at such feet as that of Jno. Chalmers Dacosta, Hare, McCrae, Thorton, Montgomery and especially "I delivered her" Cole, etc. Then in '20 with one year's general internship under my belt, I hurried back South, to be explicit to Lillington, N. C., to give the gentry a dose of real medicine. After towing a model "T" Ford over mud holes, sand beds and, at that, mostly after dark and being pretty well convinced in my own mind as well as the minds of my clientele, that I was not and could not hope to be a Southern Osler, I said goodbye to good old Lillington and never stopped until I stepped from a boat in Callao, Peru. In the Andean mountains of Peru, I spent the next four years dispensing pills to and patching up injured Cholo Indians for a mining company. Not speaking fluent Spanish (I mean Spanish that

would make those brunette senioritas sigh), I pulled up stakes and came back to God's Country.

It was my notion to take up orthopedics. For two years, my time was spent browsing around hospitals for crippled children. In the meantime I met a nurse at one of these institutions. Oh, well we got married and she was of the opinion that I was certainly old enough to get to work and make some sort of living. After I had mulled that around in my head for awhile, it occurred to me that maybe she was right and something should be done. So in 1929 we had a chance to come to this little logging town on the coast and did just that. Here we have made our home, raised three pretty nice daughters so we think, made some friends and perhaps done a bit of good. Now I have come to that point in my life and the practice of medicine, when a patient comes to me, as Ike used to say, I reach into my vest pocket, take out a pinch of calomel and say "here take this." Fellows I'm really glad to have had a little talk with you all and if ever one or more of you should drop around this way, come in to see us. The latch string always hangs on the outside and I still like corn pone."

#### Class of 1919

ADAM T. THORP, Boice-Willis Clinic, Park View Hospital, Rocky Mount, N. C.

"Last two years at the University of Pennsylvania. Began practice in Rocky Mount and have been here ever since. Practice limited to Obstetrics. Alone until 1950 when I became associated with the Boice-Willis Clinic where Dr. Julian C. Brantley, Jr., and I had charge of Obstetrics and Gynecology. In 1953, Dr. Ben M. Gold, Jr. of Shelby joined us.

"I married Helen Miriam. We have two sons, Adam Jr. who finished the UNC School of Medicine last year and is now an intern at Bethesda Naval

Hospital and Jim who is supposed to finish medicine in June, 1957. We have one grandson."

*Dr. Thorp is President of the Medical Alumni Association this year.*

GLENN R. FRYE, Richard Baker Hospital, Hickory, North Carolina.

"I came to Hickory to practice in 1922 and became associated with Dr. J. H. Shuford, a surgeon here who owned a private hospital by the name of Richard Baker. I continued with him until 1934 and after his illness I purchased the hospital which then had approximately 30 beds. Since that time I have expanded it, have also added a Nurses' Home, until now it has 100 beds. My practice is confined to Surgery."

*Dr. Frye is a past president of the Catawba Medical Society and the Ninth District Medical Society; he is also a past President of the Hickory Rotary Club, Executive Club and the Hickory Community Concert Association, Chairman of the District Board of Health and a member of the Board of Trustees of Lenoir Rhyne College of Hickory. He is also a member of the Board of Trustees of the Sipe Orchard Home for Boys, Conover, N. C.*

#### Class of 1920

FRANKLIN L. PAYNE, University Hospital, 3400 Spruce Street, Philadelphia 4, Pennsylvania.

"The last two years in medicine were completed in the Medical School of the University of Pennsylvania, to be followed by internship in the Hospital of the University of Pennsylvania, to be followed by a residency in gynecology in the same institution. After this I was fortunate enough to be appointed as a member of the staff of the Department of Gynecology of the University Hospital, and when the Departments of Obstetrics and of Gynecology were combined, I con-

tinued my association here. Over the years good fortune has been mine in many ways including gradual advancement, and since 1950 I have been Chairman of the Department of Obstetrics and Gynecology in the Medical School of the University of Pennsylvania and Chief of that Service at the University Hospital."

J. G. RAMSAY, Tayloe Hospital, Inc., Washington, North Carolina.

"After leaving the University of North Carolina I entered the University of Pennsylvania and graduated in 1922. Following a two year internship at Pa. Hospital, Philadelphia, I practiced medicine in Salisbury, N. C. from 1924 to 1929. After completing a two year residency in surgery at the Cleveland Clinic, Cleveland, Ohio, I practiced medicine and surgery in Salisbury until December 1934. I came to Washington, N. C., in December 1934 and became associated with Tayloe Hospital where I have remained since. My work is general surgery together with general practice."

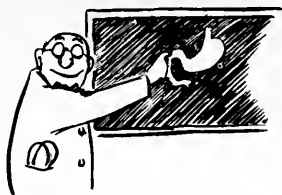
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The U.N.C. Chapter of Alpha Omega Alpha, honorary medical society, is sponsoring the raising of a Thorp Memorial Fund in memory of Adam T. "Skeets" Thorp, III, whose loss last summer was deeply felt by his many friends in the Division of Health Affairs.

Adam II, "Skeets" father, was graduated from the School of Medicine in June 1956. He was elected to AOA as a Junior and served as chapter secretary.

The fund will be used to establish an annual Thorp Memorial Lecture. Those wishing to contribute may send their contributions to the North Carolina Medical Foundation, Inc., Box 957, Chapel Hill, designating the amount for the Thorp Memorial Fund.

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## WITH THE FACULTY

### OBSTETRICS AND GYNECOLOGY

On December 3 Dr. Robert A Ross addressed the Seaboard Medical Society meeting in Rocky Mount on "Medical Educational Development in North Carolina."

Dr. Ross spoke to the staff of the Lenoir County Hospital in Kinston, N. C., on December 11 and the next day he addressed the First District Medical Society in Ahoskie. In Ahoskie he spoke on "Medical Complications During Pregnancy."

Drs. Ross, Flowers and Palumbo represented the Department at the annual meeting of the South Atlantic Association of Obstetricians and Gynecologists in Charleston, South Carolina, scheduled to meet February 6 through 9. Dr. Flowers presented a paper on "A Study of Perinatal Mortality." Doctor Ross discussed a paper.

### MEDICINE

The following are continuations of grants previously awarded to members of the Department:

Dr. Louis G. Welt—\$14,662; for a study entitled "Studies of Factors Regulating the Internal and External Exchange of Electrolytes and Water in Health and Disease" by U.S. Public Health Service for the period from January 1, 1957 to December 31, 1957.

Dr. Ernest Craige—\$24,984; for cardiology training grant by U.S. Public Health Service for the period from January 1, 1957 to December 31, 1957.

Dr. Thomas W. Farmer—\$14,907; for study of "Spontaneous Electrical Activity of Isolated Cortex," by U.S. Public Health Service for period from December 1, 1956 to November 30, 1957.

Dr. Jeffress G. Palmer—\$7,958; for study on "Investigation of Factors Influencing the Rates of Production and Destruction of Leukocytes" for period from December 1, 1956 to November 30, 1957.

The following new grants have been awarded to members of the Department:

Dr. T. Franklin Williams—\$1,000 for heart research by the Rowan-Davie Heart Association Research Fund.

Dr. Jeffress G. Palmer—\$21,942; for a study entitled "Cooperative Study in Cancer Chemotherapy," by U.S. Public Health Service for period from December 1, 1956 through November 30, 1957.

Dr. Kerr L. White—\$41,975 for three years, \$11,845 the first year, January 1, 1957 through December 31, 1957, for "A Study of Life Situations, Emotions and Central Venous Pressure" from the National Heart Institute, U. S. Public Health Service. The work will be carried out with Dr. Dan A. Martin.

Dr. Carl W. Gottschalk—\$6000, to be supplemented each year for a period of five years, July 1, 1957 through June 30, 1958. An award to Dr. Gottschalk as an Established Investigator from the Research Committee of the American Heart Association. These funds will be used for a micro-puncture study of kidney function.

The following is a list of the members of the Department who recently participated in various meetings:

On December 18, 1956, Dr. Louis G. Welt gave a talk on "The Significance of Hyponatremia" at the Medical College of Virginia and also spoke at the Maguire VA Hospital on the subject of "Renal Excretion of Water in Health and Disease."

On December 8 through 13, 1956, Dr. Joseph M. Hitch attended a meeting of the American Academy of Dermatology and Syphilology in Chicago, Illinois, where he presented a motion picture on "Creeping Eruptions" which was prepared at the UNC School of Medicine by Dr. Hitch in conjunction with Challie Iralu, Department of Parasitology.

On January 18 through 20, 1957, Dr. Daniel T. Young attended a meeting of the Association of University Anesthetists in Philadelphia, Pennsylvania, where he spoke on "The Effect of Changes in Carbon Dioxide Tension Upon the Cardiac Toxicity of Potassium in the Dog-Heart Lung Preparation."

On January 24 through 27, Drs. Carl W. Gottschalk, John C. Herion, Frank T. Williams and Robert W. Winters attended meetings of the Southern Society for Clinical Research, American Federation for Clinical Research in New Orleans, La. Dr. Winters gave a talk entitled "Observations in the Carbon Dioxide Tension During Recovery from Diabetic and Diarrheal Acidosis."

## PREVENTIVE MEDICINE

The Division of Hospital and Medical Facilities of the Public Health Service has made a grant to the Department of Preventive Medicine for a study entitled "The Process of Patient Referral to a University General Clinic in a Rural State." The grant period started September 1, 1956 and will carry funds in the amount of

\$27,370 the first year, \$29,285 for the second year and \$29,670 for the third year. Drs. Kerr L. White and T. Franklin Williams are the Principal Investigators. Dr. Leon P. Andrews is serving as Medical Director, Mrs. Aileen Hamrick as Social Worker, and Mr. Earl Diamond as Statistician.

## SURGERY

Three new faculty members have been appointed in the Department. They are Dr. Baxter H. Byerly, Dr. Gabriel F. Tucker, Jr. and Dr. Claude A. Tait. Dr. Byerly is a native of Lenoir. He did his undergraduate and premedical work at the University of North Carolina. His M.D. degree was granted by the Medical College of Virginia in 1953. His internship was served at Duke University. Following his residency training in ophthalmology at UNC, he has been appointed Instructor in Ophthalmology.

Dr. Tucker received his A.B. degree from Princeton University in 1947 and his M.D. degree from Johns Hopkins in 1951. He served his internship at the University of Pennsylvania. Dr. Tucker taught pharmacology at UNC during 1952-1953. Following his residency in otolaryngology at Johns Hopkins University, he has been appointed Instructor in Otolaryngology. He is the son of Dr. Gabriel F. Tucker, Sr., Emeritus Professor of the Graduate School of the University of Pennsylvania School of Medicine.

Dr. Tait attended school at Georgetown University, receiving his M.D. degree in 1952. Following two years of surgical residency at UNC, he entered the residency program in anesthesiology which he recently completed. He has been appointed instructor in anesthesiology.

## PSYCHIATRY

Dr. George C. Ham, Professor and Chairman of the Department of Psychiatry, has recently been elected to

the Board of the American Fund for Psychiatry for a term of one year.

On December 6, 1956, Dr. John A. Ewing, Assistant Professor of Psychiatry, gave two guest lectures to the staff of the Veterans Administration Hospital in Salisbury, North Carolina. The topics of these lectures were "The Etiological and Diagnostic Factors of Alcoholism" and "The Treatment of Alcoholism."

Dr. Harley C. Shands, Associate Professor, Department of Psychiatry, attended the meetings of the Association for Research in Nervous and Mental Diseases in New York City on December 6th, 7th and 8th.

Dr. Lucie Jessner, Professor, and Dr. David A. Young, Clinical Professor, Department of Psychiatry, attended the meetings of the American Psychoanalytic Association in New York City on December 6th, 7th and 8th.

Dr. Eugene Hargrove, Director, Psychiatric Outpatient Clinic, and Dr. Granville Tolley, Instructor, Department of Psychiatry, attended the meeting of the Association of Southern Professors of Psychiatry in Washington, D. C., on December 28th and 29th.

Dr. J. Earl Somers and Dr. Charles R. Starling joined the staff of the Department of Psychiatry as instructors on January 1, 1957.

Effective December 31, 1956, Dr. Thorndike C. Toops resigned as Instructor and has accepted a position with the Medical School of the University of Indiana at Indianapolis.

## PEDIATRICS

Dr. Edward C. Curnen was elected a Fellow of the New York Academy of Sciences at its Annual Meeting on December 6, 1956.

Dr. Ann DeHuff Peters attended the Institute on the Care of Premature Infants at the New York Hospital from January 14-25.

Dr. Minguel Figueroa of Santiago, Chile, who is in charge of establishing a department of pediatric endocrinology at the Roberto del Rio Children's Hospital there, studied laboratory and clinical methods in pediatric endocrinology with Dr. Judson J. Van Wyk during the month of January.

Dr. Robert W. Winters presented a paper which he wrote in conjunction with Drs. J. A. Lowder and Nelson K. Ordway at the meeting of the Southern Section of the Society of Investigation in New Orleans on January 26. The paper was entitled "Observations on the Carbon Dioxide Tension during Recovery from Diabetic and Diarrheal Acidosis."

Dr. Edward C. Curnen on January 10 attended a meeting in New York of the authors of *Viral and Rickettsial Infections of Man* to discuss plans for a new edition of this book which is edited by Dr. Thomas M. Rivers, Medical Director of the National Foundation for Infantile Paralysis.

Dr. Edward C. Curnen spoke on "The Management of Severe Infections in Children" at Fort Bragg on December 12.

An intercommunication system with a control panel in the playroom and a speaker in each patient's room has been installed on the seventh floor. It was given by the Sigma Sigma Sigma Sorority in memory of Robbie Page, the son of Mr. and Mrs. Robertson Page of Douglaston, New York, who died of polio in 1951. Mrs. H. W. Morrison, Chairman of the Robbie Page Memorial Fund, visited the hospital last summer and made arrangements for the installation of the system.

The Infant Special Care Unit, which is equipped to accommodate fifteen infants, was activated on December 7. This unit provides care for premature babies as well as for other newborn infants who require special observation or treatment.



## HOUSE STAFF NOTES

On December 3 Dr. John A. Kirkland and Dr. Tom A. Vestal were guests of the Seaboard Medical Society at its recent meeting in Rocky Mount.

Dr. Tom Vestal, Chief Resident, spoke to the staff of the Alamance General Hospital in Burlington, North Carolina, on January 17 on "Use of Pitocin in Obstetrical Patients."

Dr. John A. Kirkland, Assistant Resident, is at the Margaret Hague Maternity Center in Jersey City, New Jersey, for six months as exchange resident. Dr. Thomas Noone is at Kinston Clinic for six months and will come to NCMH in July as Assistant

Resident in Obstetrics and Gynecology for the remainder of his year of affiliation from the Margaret Hague.

Dr. G. I. Hanes, Assistant Resident, has returned from Kinston Clinic, Kinston, North Carolina, where he was affiliated for six months.

Dr. Carlos Harders of Guatemala City has completed his service here as Assistant Resident and is now at Watts Hospital in Durham.

Dr. William Weinell has returned from the Margaret Hague Maternity Center in Jersey City, New Jersey, where he has been an exchange resident for six months.



## STUDENT ACTIVITIES

### FIRST YEAR CLASS

After a pleasant Christmas holiday, and with considerable relief that exams were over, the First Year Class returned ready for hard work.

Holiday celebrations were instigated on December 6 by a stag party at the Elbow Room. Among those invited to the occasion were the first year faculty members. A special vote of

thanks goes to Pat Eldridge and his committee who planned the party.

The new quarter brought one new student—Joe Schwanton who comes from Jackson, N. C. Joe's an Air Force veteran.

### SECOND YEAR CLASS

Since May, wedding bells have rung for nine members of the class. They

are: David Whitaker and Phyllis Bailey, June 3, 1956; Kenneth Lewis and Bonnie Morgan, June 3, 1956; Bob Green and Alma Weston, June 9, 1956; Wade Harrell and Jeri Albright, June 15, 1956; Russ Rowland and Betty Ausburn, June 17, 1956; Lee West and Sara Moore, August 11, 1956; Robert C. Brown and Mary Frances Vaughn, September 2, 1956; Martha Kornegay and Ted Sharpless, September 2, 1956; Jim Hart and Phillis Williams, December 29, 1956.

New additions to our medical class family are Paula Lynn daughter of George and Pauline Gentry, born on September 7; Laura Allison daughter of Pat and John Thompson, born on December 19; and Robie Elizabeth daughter of Kay and Bob Wynne born on December 23. Congratulations to these new parents!

#### FOURTH YEAR CLASS

In the 4th year class, there has been considerable matrimonial activity.

Raeform Pugh was married to Miss Ruth Vaughn (of the N.C.M.H. nursing staff) on December 26, 1956. Robert Rimer was married to Miss Margaret Blalock (also of the N.C. M.H. nursing staff) on December 28, 1956.

The following have new sons:

Mr. and Mrs. Robert Whitlock have a new boy born on December 30, 1956 at Memorial Hospital. Mr. and Mrs. Luther Clontz have a new son born on December 25, 1956. Mr. and Mrs. James Burrus have a boy born on January 6, 1957.

The Senior Class is saddened by the untimely death of Jerry McMahon's father.

Irwin Vinnik is engaged to marry Miss Sandra Waldman of Cheyenne, Wyoming. The wedding is planned for early June.

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**MEDICAL ECONOMICS IS A TWO-WAY STREET  
WHERE DOCTOR AND HOSPITAL SAVING  
ASSOCIATION'S BLUE SHIELD® PLAN MEET FLEETINGLY  
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